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ABSTRACT

The document presents results of a research project that reviewed, analyzed, and assessed the United States Department of Labor's Dictionary of Occupational Titles (DOT) in terms of its analysis of traditional female occupations. The current edition of the DOT assesses the tasks of 21,741 salaried occupations, and assigns to each a skill-complexity code which many government agencies rely on when expending job training funds and forming manpower programs. It was discovered that a significant number of nondegreed jobs traditionally performed by women were depicted in the DOT as occupying the bottom rung in a hierarchical world of work arranged to reflect supposed job complexity and were not apprenticable because of their ratings. Job analysis studies were carried out regarding the traditionally female occupations of hospital food service, child care, home health aide work, school food service, foster care, and paraprofessional social work, with some 50 reports and 270 job analysis schedules resulting. Examples of DOT job definitions and task descriptions are appended. It is vividly demonstrated that the DOT systematically, though not purposely, discriminates against virtually all nondegreed, people-oriented women's jobs at great expense to the public in general and to women in particular. (Author/LH)

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WOMEN'S WORK: UP FROM .878

REPORT ON THE DOT RESEARCH PROJECT

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Madison, Wisconsin
January 1975

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AUTHORS' NOTE

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MARY WITT
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The stylized dove that appears on the cover and throughout this report was designed by graphic artist Valerie Pettis of New York. Ms. Pettis' design, which incorporates the biological symbol for women and the mathematical sign for equality, has been selected as the official United Nations emblem for International Women's Year, 1975.

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Copies of this report may be obtained from Women's Education Resources, University of Wisconsin--Extension, 610 Langdon Street, Madison, Wisconsin 53706.

PREFACE

Title VII of the 1964 Civil Rights Act and the subsequent implementing guidelines issued by the Equal Employment Opportunities Commission to define sex-based discrimination clearly require that labels of male and female be removed from occupational designations. Recruitment, advertising, compensation, seniority, benefits, et al. must comply with this fundamental principle if women are to have equal employment opportunity.

While that requirement is a giant forward step and is designed to open any employment to every applicant without regard to gender, it falls short of making possible truly equal opportunity. For the facts are that the preponderance of employed women continue to fill occupations regarded as "women's work"--clerical and sales positions, child care, food service, health maintenance, etc.--and that these extensions of traditional serving roles of women tend to be far less well paid or recognized than those bearing no such sex-based label. Indeed, this circumstance is the primary reason that women's average income is only 58 percent of men's, that the growing number of families headed by a woman have a median income of only $4,000, and that the highest incidence of poverty is found among women.

Not only must women have full access to all levels of all occupations, but the work that many women now do needs to be taken seriously and given appropriate recognition. Such is not the case, and the most extensive, authoritative compilation of occupations extant rates many "women's occupations" at the lowest possible complexity level and simply ignores many other "women's jobs" altogether. This is the Dictionary of Occupational Titles (DOT), published periodically by the U.S. Department of Labor and utilized widely by public and private employment specialists for a variety of purposes.

This research project was undertaken to review the Dictionary of Occupational Titles, to analyze and assess the occupational analysis process and system, and to recommend those changes in both the method and the complexity ratings which were indicated. It is the hope of the project staff that these changes will be incorporated in the next edition of the dictionary, and that the data and implications of this report will have acceptance well beyond that publication.

The analysts who conducted the two-year research were Mary Witt, Mary Ann Cook, and Patricia K. Naherney. Ms. Witt and Ms. Naherney wrote the final report. The Occupational Analysis Field Center staff and many other staff members of the Wisconsin Department of Industry, Labor and Human Relations provided the support services and encouragement essential to the project. Cooperation of the Women's Bureau and others in the U.S. Department of Labor has also been of great value.

Madison, Wisconsin
November, 1974

Dr. Kathryn F. Clarenbach
Professor, University of Wisconsin--Extension
Chairperson, Governor's Commission on the Status of Women

INTRODUCTION TO THE PROJECT: PERSPECTIVE AND OVERVIEW

The DOT Research Project: A Step on the Way Up

In 1961, Wisconsin became the first state in the nation to enact a law prohibiting discrimination in employment on the basis of sex. But though its proponents had won an historic victory, their reward was not to be an immediate end to sex discrimination in the marketplace. Instead, the pacesetting legislation merely provided them with an official invitation to advance toward the securement of equal opportunity and treatment for women as wage earners.

Faced with barriers sanctioned by tradition, the opponents of sex discrimination set as their goal the gradual entry into a system structured to accommodate and favor one sex over the other. Only from inside the system did it seem possible to determine which of its component parts were the mainstays of the disabling bias that has resulted in the underemployment and underutilization of women.

Thus, with the cooperation of state officials in government, labor, education, and industry, Wisconsin women intensified their efforts to gain entry, succeeding most notably with a single project which led to the materialization of a series of government-funded studies of import to the status of women in employment throughout America. Women in Apprenticeship, the project that introduced the activity of the past three years, served as a critical step up and into one level of the system, opening doors from the day the project began in July, 1970. Funded by the U.S. Department of Labor (DOL), the undertaking brought together in formal partnership Wisconsin's Department of Industry, Labor and Human Relations (DILHR) and the University of Wisconsin--Extension Center for Women's and Family Living Education.

So successful was the association that when Women in Apprenticeship proposed a second related project to investigate the treatment of women's work by DOL's Dictionary of Occupational Titles (DOT), the two parties agreed to team up again. The new study, which is the subject of this report, began in October, 1971, and ran on Manpower Administration funds for slightly more than two years under the direction of Dr. Kathryn F. Clarenbach, UW--Extension professor of political science and chairperson of the Governor's Commission on the Status of Women.

Within a short time, still more barriers, such as maternity leave, discriminatory hiring and promotion policies in state civil service, and the absence of women's advocacy positions in state government, were identified and isolated for study. In July, 1972, DILHR made room for a project entitled "A Study to Determine Career Patterns of Women in State Service and to Devise Methods for Their Full Utilization." While the two-year Intergovernmental Personnel Act project was getting settled, yet another proposal could be heard knocking at DILHR's door. Entitled "Wisconsin Maternity Leave and Fringe Benefits: Policies, Practices and Problems," the DILHR-sponsored study took up residence and set to work in October, 1972. Finally, in 1972, the men and women who formed the coalition in behalf of Women in Apprenticeship won for Wisconsin women two advocacy positions, one in the State Bureau of Personnel and the other in DILHR's Bureau of Community Services.

Today Wisconsin women continue their journey to parity with men as promised 13 years ago, when the state pioneered equal employment legislation. The object is to move from project status to permanent status, from observer to participant. Those of us who played a role in the women's studies of the early seventies now know the enormity of the challenge. In the desire to share what we have learned, we present the findings of the DOT Research Project.

The Project Takes Shape

The Dictionary of Occupational Titles Research Project is a product of a debate over the accuracy of a select group of skill-complexity codes found in the world's most comprehensive source of job information, the DOT. First published by the U.S. Department of Labor in 1939, this encyclopedia of occupations was originally designed for the U.S. Employment Service, which now relies exclusively on its contents to define the world of work.

The third and most recent edition (1965) of the DOT lists and assesses the tasks of 21,741 salaried occupations. The duties of these occupations are defined in Volume I of the DOT, where they can be found arranged alphabetically by job title. In addition to titles and tasks, each job is published with a six-digit numerical code identifying its place in the world of work by occupation and skill complexity. The skill complexity is always expressed by the second three digits of the code.

Working in conjunction with the state apprenticeship program, Women in Apprenticeship was subject to the same national policy which dictates that the length of training contracts be calculated according to the skill-complexity code (also called the worker-function code) assigned to a job in the DOT. Project staff soon discovered that a significant number of nondegreed jobs traditionally performed by women are not apprenticeable because of their DOT skill-complexity codes. Assigned the lowest possible ratings, subprofessional jobs in the human services sector are depicted in the DOT as occupying the bottom rung in a hierarchical world of work arranged to reflect supposed job complexity. When Women in Apprenticeship learned that at least 65 government agencies rely on the DOT's vision of the world of work to expend job training funds and to formulate manpower programs, policies, and procedures, it requested and received approval for a special project to investigate the DOT's treatment of paid, people-oriented jobs associated with women's traditional role in the home.

The DOT Research Project was a first. Never before had DOL's Division of Occupational Analysis, which produces the DOT, ordered its data collection system of ten Field Centers to direct attention to jobs by virtue of their association with one sex or the other. However, in 1971, it consented to an arrangement whereby the Wisconsin Occupational Analysis Field Center would house such a project, train its staff of two researchers in DOT job analysis theory, and accord its job analysis schedules the same critical review as Center work prior to submittal for inclusion in the forthcoming edition of the DOT, which is scheduled for 1976.

A flurry of publicity accompanied the project's materialization. Most of it centered on the fact that the DOT rates jobs such as MARINE MAMMAL HANDLER,* BARBER, and BUS DRIVER to be far superior in complexity to traditional women's work, including FOSTER MOTHER, NURSERY SCHOOL TEACHER, and HOMEMAKER. Perhaps because the latter jobs historically have been performed by women working without pay, the DOT portrays the sum total of their tasks as equivalent to a DOT entry such as PARKING LOT ATTENDANT in terms of the Data-People-Things demands, which are the functions expressed by the three-digit skill code.

In order to judge the accuracy of an authoritative work on which multi-million dollar manpower decisions are based, the new project had to master DOT job analysis theory. Project staff had to enter a highly specialized area, one that could not be easily explained to the lay person--learn a technical language, detail its findings on paper, and debate the fine points with Field Center analysts. Thus the fanfare was brief. Lacking precedents and the company of others engaged in parallel studies, the DOT Research Project set out on an independent course to complete the following objectives within the space of two years:

- To determine via established DOT job analysis procedures the adequacy of the DOT's treatment of women's work--particularly as it relates to jobs in the Service Category.

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*Throughout this report, whenever reference is made to specific jobs as they are treated in the DOT, their titles appear in upper-case letters. Where the initial letters of a job title are capitalized, this is to indicate that the job is being discussed in terms of what the project staff concluded about its nature after conducting field analyses. When used in a generic sense in this report, job titles are printed entirely in the lower case.

- To identify problems in DOT job analysis theory responsible for documented instances of sex discrimination.
- To develop accurate job descriptions and recommendations to ensure the fair and equitable disposition of women's work in future editions of the DOT.

"Women's Work" in the DOT: What the Study Showed

In a period of two years, beginning in October, 1971, the DOT Research Project conducted job analysis studies of the traditionally female occupations of hospital food service, child care, home health aide work, school food service, foster care, and paraprofessional social work. The staff visited approximately 36 work sites around the Midwest to interview and observe workers and their supervisors. Project researchers then presented their data in the form of some 50 reports and 270 job analysis schedules, each of which has been reviewed, approved, and authorized by Wisconsin Field Center analysts for submittal to the DOT review center in Raleigh, North Carolina, to be included in the next edition of the DOT.

Based on the results of its work, the DOT Research Project concludes that the Dictionary of Occupational Titles systematically--though not purposely--discriminates against virtually all nondegreed, People-oriented women's jobs at great expense to the public in general and women in particular. Despite the fact that project staff uncovered no conscious attempt on the part of the Division of Occupational Analysis and its Field Centers to downgrade the complexity of women's work, the verdict is harsh. By failing to develop the job analysis tools necessary to express interpersonal aptitudes, knowledges, and skills, the Division of Occupational Analysis has produced a DOT that shortchanges traditional women's work via inaccurate coding and denies the existence of subprofessional jobs in the human services.

Project findings show that jobs suffering most are the salaried derivatives of homemaking and mothering, particularly those at the paraprofessional level in the fields of health, education, and welfare. Within the past 20 years, this strata of the world of work has experienced tremendous growth, as demonstrated by a partial listing, at left, of paraprofessional jobs for which U.S. colleges and universities were offering training in 1970-1971.[1] But as perceived by its technicians, the *DOT*'s world of work has had neither the time nor the place for these nondegreed jobs and others providing caring/counseling services in health, education, and welfare. Derivatives of homemaking and mothering, which logically should have formed the foundation for occupations in the human services, are instead reduced in the *DOT* to forms of custodial or menial work, seeming to require only the most rudimentary of interpersonal skills. For instance, FOSTER MOTHER and HOMEMAKER (a paraprofessional assistant to CASEWORKER, FAMILY) are by occupational division and skill-complexity code depicted as domestic service jobs equivalent to MAID; day-care occupations are combined under the title NURSERY SCHOOL TEACHER and assigned the same skill-complexity code as BABYSITTER; and HOME ATTENDANT (HOME HEALTH AIDE), the bottom rung in the nursing profession, is denied a place in the *DOT*'s Medical Services industry and a significant relationship to Data indicative of job training and responsibility.

Adult Education Aide
Child Care Aide
Child Health Associate
Community Development Aide
Community Health Aide
Community Service Aide
Day Care Aide
Dietary Aide
Early Childhood Assistant
Family Assistant
Family Welfare Assistant
Home Economist's Assistant
Home Health Aide
Home Management Aide
Human Service Aide
Mental Health Aide
Mental Health Technician
Neighborhood Aide
Nursing Assistant
Nutrition Assistant
Psychiatric Aide
Recreation Aide
Rehabilitation Assistant
School-Community Aide
Social Service Aide
Vocational Counselor Aide
Youth Advisor

In sum, project findings show that the *DOT*'s disposition of the paid derivatives of homemaking and mothering can be characterized in one or more of the following ways:

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[1] U.S. Department of Health, Education and Welfare, *A Summary of Paraprofessional Training in Colleges and Universities 1970-1971* (Washington, D.C.: U.S. Government Printing Office, 1972).

- Women's work is *underrated* in the *DOT*: Using *DOT* job analysis theory and procedures, project researchers have proved to the satisfaction of Wisconsin Center reviewers the necessity for amending skill-complexity codes currently assigned to jobs in nutrition, child care, homemaking, and home health aide work. Among the most dramatic changes approved by the Center are the codes that have been determined by the project to express Data-People-Things functions in core "women's work" jobs. From .878, the lowest possible skill-complexity level, the codes for HOMEMAKER, HOME ATTENDANT, and NURSERY SCHOOL TEACHER have been revised upward by the project to their proper levels of .124, .354, and .228, respectively.

- Women's work is made to seem *nonexistent* by the *DOT*: Perhaps one of the harshest forms of discrimination is neglect. In its study of subprofessional jobs in child care, homemaking, and home nursing, the *DOT* Research Project spent more than two thirds of its time analyzing and reporting so-called "new" jobs, many of which existed prior to the publication of the last edition of the *DOT*. The study of Homemaker, for instance, led to the discovery of five separate, well-defined entries, some requiring college degrees and all fully functioning components of this important teaching-caring-counseling unit found in most social service agencies. A brief foray into home nursing via the HOME ATTENDANT revealed that a project could spend months updating the *DOT*'s portrayal of jobs in public health. But no field offered a greater challenge than day care. More than 20 new entries were prepared in the frustrating knowledge that they represent only a fraction of the jobs that should appear in the next edition of the *DOT*.

- Women's work is rendered *undefinable* by current *DOT* job analysis theory: Reference is made here to the inadequacy of *DOT* job analysis theory as a means of expressing the nature of People-oriented jobs at a subprofessional level. For instance, the *DOT*'s definition of Specific Vocational Preparation does not include the unpaid work of homemakers and mothers among its various skill-developing experiences; therefore, salaried derivatives of homemaking and mothering frequently appear to be unskilled.

Moreover, theoreticians have placed heavy emphasis on the amount of formal education traditionally associated with a job, much to the detriment of nondegreed occupations. By virtue of their degrees, a CLERGYMAN, a UROLOGIST, an ANESTHESIOLOGIST, and a DEAN OF BOYS are among the DOT entries receiving the highest rating for People, which is a 0 for Mentoring. On the other hand, FOSTER MOTHER, a demanding but degreeless job entailing the rearing of children who are almost always maladjusted, is assigned the second lowest People rating, a 7 for Serving.

Once a nondegreed, People-oriented job is assigned a 7, it generally follows that it is relegated to the Service Category, where its worker assumes the functions of a servant, acting on orders, with no significant relationship to Data and a robotlike relationship to People. This, unfortunately, has been the fate of the most traditional of women's work, since the Caring/Counseling level of People relationships does not exist in DOT theory. The fact is that the DOT's tools for expressing Data-People relationships are largely undeveloped, rendering women's work beyond the scope of the analyst's vocabulary.

Some Exceptions to a Rule: The Dynamics of Discrimination

As stated earlier, the project found no evidence to suggest that the technicians of the DOT deliberately set out to discriminate against women's work. If that were the case, none of the occupations associated with women would be immune from neglect and distortion. But in fact, there are two exceptions, which, upon closer inspection, help to explain the pattern of sex discrimination in the DOT.

One exempt group consists of degreed jobs and the other is comprised of Thing-oriented work, particularly as it exists in light industry, where women are employed in great numbers. Neither set of jobs is "traditional" in terms of their accessibility, since it is only within recent times that women have been graduated from institutions of higher learning or recruited for factory work.

Group I: Degreed Jobs and Professional Power

Quite a few jobs necessitating a college degree are considered "women's work," such as DIETITIAN, HOME ECONOMIST, PHYSICAL THERAPIST, and CASEWORKER.

And yet, the DOT makes no distinction between these entries and degreed jobs associated with men. The equalizer, as previously noted, is the prerequisite college education. But just as important is the membership in a professional organization that comes with a specialist's degree.

The Division of Occupational Analysis openly acknowledges that it works in cooperation with various white-collar professional organizations, relying on their assistance to prepare DOT entries. This collaboration can supersede the analyst's on-site observations and interviews, as is suggested by the fact that the several hundred jobs belonging to the DOT industry labeled Professional and Kindred Occupations are somehow maintained without the industry's ever being numbered among the assignments completed by a Field Center. But even when degreed jobs belong to routinely covered industries, such as Medical Services, their definitions may be subject to the approval of professional organizations, especially when they are represented by bodies as powerful as the American Medical Association or the American Physical Therapy Association. Thus, many degreed jobs enjoy a position in the DOT's world of work that mirrors the image promoted by their respective societies or associations.

Dependency on vested interests seriously jeopardizes any claims the DOT might make to impartiality. Of special concern to the DOT Research Project is that the role of the white-collar professional organizations may also be contributing to the neglect and devaluation suffered by paraprofessional jobs in health, education, and welfare. For, as the project has learned by comparing the results of fieldwork to the picture painted by some professional journals, the traditionalists among the ranks of the degreed have tended to resist acknowledging the presence and importance of that specially trained worker known variously as an aide, assistant, technician, etc.

Progressive professionals in the fields of dietetics, homemaking, education, and nursing have spoken candidly about this problem. Berenice Mallory, retired senior program officer with the Division of Vocational and Technical Education, U.S. Department of Health, Education, and Welfare, writes about it in a recent issue of the Journal of Home Economics:

> For a variety of reasons, some professionals do not want auxiliary workers as part of their organization. They may

> fear that the auxiliaries will take over their jobs. They may not want to give up the tasks an auxiliary can perform. They may not feel comfortable directing an auxiliary worker because they do not have competency as supervisors. They question the theory that nonprofessionals can make a contribution to the programs.
>
> Do auxiliary workers have a place in today's society? They do. They are a significant part of the labor market and it behooves us to get with it![2]

The head of one Field Center echoed Mallory's concern in 1972, when he proposed to his colleagues an agenda for an upcoming meeting of Field Center chiefs. The widely circulated outline included among its suggested topics for discussion the need for coverage of paraprofessional occupations.

Group II: Factory Work and the Manning Tables

During the first year of the DOT Research Project, studies of hospital and school food service yielded little indication that the sex-linked, non-degreed jobs found there were miscoded in the DOT. Nor does it appear that the DOT discriminates against the many jobs performed by women in light industry.

The absence of bias in these cases is attributable to the fact that these are production jobs. Analysts generally agree that the least difficult assignment in job analysis is the Thing-oriented job. Little more than observation is required to prepare a verifiable statement of the nature and purpose of job functions.

The relative ease with which Thing-oriented operations can be described, measured, and classified to everyone's satisfaction is one reason jobs in industry dominate the pages of the DOT. As Field Center analysts artlessly explained to project staff, derivatives of homemaking and mothering are generally given short shrift because they are among the most "difficult" of jobs to evaluate.

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[2] Berenice Mallory, "Auxiliary Workers in Today's Society," Journal of Home Economics, 63:5 (May, 1971), p. 330.

A strong manufacturing-Things orientation in the DOT suggests a tendency to favor jobs associated with men. Or perhaps more accurately stated, the inclination is to minimize to the point of discrimination the contributions of subprofessional, People-related women's work. This became apparent once the project launched its investigation of jobs in day care, homemaking, and home nursing.

Center reviewers initially used their own hazy perceptions of the homemaking and child-rearing abilities of their mothers, wives, and sisters to "prove" that the DOT's low estimation of salaried jobs involving homemaking and mothering was correct. In their stated opinions, the absence of a tangible end product or a service that could be quantified, plus employers' disregard for formal education, provided conclusive evidence for the DOT's case.

Male-female stereotypes continue to persist. In a discussion with project analysts, one North Carolina senior analyst defended the DOT's assignment of the lowest possible skill complexity code to FOSTER MOTHER. (Interestingly enough, the DOT has no entry for "foster father.") But when asked to speculate on the Data-People-Things relationships demanded by the job of a father, the analyst seriously maintained that the sum of the assigned tasks required the ability to perform at the most difficult level in each of the categories except for Things.

The male-manufacturing-Things orientation is hardly a figment of the imagination. Published in 1939, the first edition of the DOT was more than a desperately needed aid for the newly created U.S. Employment Service. It was a tool of a government on the eve of war. One of its primary functions was to regulate the exodus of men from industry to war according to the criticality of their jobs to the nation's survival.[3]

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[3] For further discussion and documentation of this function of the DOT, see Part 2 of this report, which draws upon Carroll Shartle, et al., "Ten Years of Occupational Research," Occupations, XXII (April, 1944).

In 1943, the DOT's point of origin officially became known as the Division of Occupational Analysis and Manning Tables, Bureau of Manpower Utilization, War Manpower Commission. Purpose of the Manning Table plan was to provide for the orderly withdrawal of men from their jobs. Later, in 1949, the second edition of the DOT was printed to help return veterans to industry, incidentally displacing thousands of women who had carried on in their absence.

Although Wisconsin reviewers have come to recognize the dimension of subprofessional, People-oriented women's work, the Manning Table mentality seems to remain the guiding force in the determination of Field Center priorities and the Data-Thing orientation of job analysis theory. Particularly with regard to the development of the Data-People-Things scheme--a concept that supposedly set the third edition of the DOT apart from its predecessors--there is a disturbing continuity. Tracing the circumstances of its evolution, its author, Dr. Sidney A. Fine recalls:

> Its immediate roots were in my experience in job family and test development work at the United States Training and Employment Service (USTES) before and immediately after World War II and in the analysis and classification of all military occupational specialties during the war. The major opportunity for developing these ideas came from Air Force support to the USTES for two years, 1951-1953 . . . .[4]

In 1960, Dr. Fine left government for private business and has since refined what is known as Functional Job Analysis, making major changes in the People functions. But the DOT's Field Center system continues to employ the original, military-tested theory, now 20 years old and showing signs of age.

Reaping the DOT's Harvest: The Effect of Discrimination

"Doorstops and window props," answered a veteran Field Center official when asked how the DOT is being used in his area of the country. Elaborating on his answer to the DOT Research Project's question, he observed that what was once a sound, practical guide has failed to keep pace with changes in the world of work and concealed its findings in a code language that is impressive but seriously flawed.

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[4] Sidney A. Fine and Wretha W. Wiley, An Introduction to Functional Job Analysis (Kalamazoo, Michigan: The W. E. Upjohn Institute, 1971), p. 82.

Whether or not the Dictionary of Occupational Titles is understood, millions of tax dollars are annually spent or withheld on the basis of its contents, right or wrong. For instance, at the direction of the U.S. Department of Labor, DOT skill-complexity codes are to be used to determine training times and corresponding government expenditures for all Manpower Administration on-the-job training contracts, including those formulated by the Work Incentive Program (WIN), this nation's plan to reduce its welfare state.* More than 80 percent of this country's WIN participants are women. In the state of Wisconsin alone, a sum of approximately $5 million was allocated to WIN for on-the-job training contracts in the fiscal year 1973-1974. But owing to DOL policy implemented during the same year, Wisconsin and all other states were for the first time prohibited from using on-the-job training monies to negotiate contracts for entry level jobs such as NURSE AID, HOMEMAKER, PSYCHIATRIC AIDE, and the various day-care jobs represented by NURSERY SCHOOL TEACHER. According to the U.S. Department of Labor, the .878 DOT skill-complexity code assigned to these and other similarly situated jobs in the human service sector did not indicate sufficient complexity to justify the expenditures of government funds for training. This judgment remains in effect, barring WIN and other manpower programs, such as Apprenticeship, from offering the employer community an incentive to provide gainful employment and to engage in the job upgrading effort that generally accompanies such training contract agreements.

Viewed within the context of this nation's Employment Service program as a whole, sex discrimination in the DOT plays an even larger role in the underemployment and underutilization of women, as well as in the perpetuation of sex stereotyping in the world of work. Across the nation, Employment Service personnel code their clients' work histories using the DOT, label the jobs performed with DOT titles (at least 3,200 of which are sex-discriminatory), and use the results to find the "appropriate" slots in the job market by occupation and skill complexity according to the DOT. It is the DOT's classification of a job that dictates the Employment Service job search and referral activities for each individual that seeks the agency's assistance. Given the DOT's disposition of subprofessional women's work, housewives seeking entry to the labor force and other women who have performed traditional, nondegreed jobs for pay have little chance of escaping the .878-categorization and the subsequent routing to subsistence-wage, dead-end jobs.

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*According to Field Center and Division officials, the Division of Occupational Analysis neither instituted nor approves of the addition of the Data-People-Things digits to determine training times. Critics of the this policy have told project analysts that the procedure not only violates the intent of the DOT but bears no relationship to the comparative complexity of jobs.

Though women suffer most, sex discrimination in the DOT is costly to everyone. In its two years, the DOT Research Project staff has observed a growing influx of men into "women's occupations" as our economy becomes increasingly service oriented. Without a DOT that is unbiased and comprehensive in its treatment of the world of work, government manpower programs cannot assist a large segment of this nation's adult population to realize its work potential, nor can they promise the taxpayers the best use of their manpower dollars.

An End to Discrimination: Project Recommendations

The DOT Research Project firmly believes in the need for a Dictionary of Occupational Titles that is accurate, comprehensive, and up-to-date. The post-World War II development of Functional Job Analysis and the publication of past dictionaries are impressive achievements. But left to stand alone, they create a need for many more DOT research projects to do the work that should be routinely performed by the Field Center at the direction of the Division of Occupational Analysis.

To assist in the identification and resolution of those problems which are the source of the bias that has been allowed to flourish in the DOT, the DOT Research Project has formulated the following recommendations. Together with the recommendations found in Part II, where the intricacies of DOT theory are examined, they comprise a package presented for action by the Division of Occupational Analysis and for consideration by all other persons working for the elimination of sex discrimination in the world of work.

The DOT Research Project proposes:

1. The development and implementation of a Field Center-wide review and revision of DOT job analysis theory and related structural characteristics of the DOT's world of work, including but not limited to the following:
    A. The revision of the DOT's present Industry Arrangement, so that service occupations would be classified with the same precision accorded factory jobs to ensure proper coverage and equitable treatment of subprofessional human service occupations.
    B. The amendment of the present People "hierarchy," specifically by (1) inserting a separate Caring/Counseling level, (2) simplifying the definition of Serving, and (3) combining Diverting and Persuading to form a single function. Purpose of the foregoing is to facilitate the analysis of People-oriented work by providing analysts with a comprehensive list of People relationships arranged from the complex to the simple.
    C. The elimination of the worker function level No Significant Relationship, which is represented by the numeral 8 in the three-digit skill complexity code. The routine assignment of this rating creates confusion and misunderstanding among users of the DOT by masking real ratings on a purely arbitrary basis.
2. The immediate implementation of the Office of Equal Employment-approved plan to eliminate all reference to sex in base titles of the forthcoming edition of the DOT, in order that the world's most comprehensive source of job information not be responsible for the unlawful perpetuation of sex stereotyping in employment.
3. The referral upon receipt of occupational code requests (ES 282) to the Field Center system for immediate study, with documented determinations

returned promptly in writing to the point of origin. Purpose is to provide manpower programs with the information necessary to carry out their mandate and to ensure the inclusion of new jobs and altered codes in future editions of the DOT.

4. The development of an attitude of accountability to the user of the DOT, whereby the Division of Occupational Analysis issues supplements to the DOT with the frequency necessary to provide an up-to-date resource for manpower training and development programs.
5. The discontinuation of DOT data collection policies favoring professional organizations and the occupations they represent, to ensure fair and equitable, first-person coverage of all jobs, including paraprofessional work.
6. The development and implementation of an affirmative action plan increasing the number of women professionals at all levels within the Division of Occupational Analysis and its Field Center. Purpose is to eliminate from the DOT negative attitudes toward the abilities and contributions of women.
7. The promotion of system-wide communication by the Division of Occupational Analysis to permit Field Centers to pool data, to cooperate in research activities, and to establish working relationships with state manpower agencies so as to ensure that future editions of the DOT are accurate and useful.

In the pages that follow, the bases for these recommendations and others, particularly as they relate to systemic deficiencies of DOT job analysis, are explored in depth. Subject matter ranges from the characteristics of women's work in the DOT to the indefensibility of using DOT skill-complexity codes to determine contract training times for jobs performed by men as well as women. Our intent is to stimulate constructive thought and remedial action.

Part I

A GUIDE TO IDENTIFYING WOMEN'S WORK IN THE DOT

On various occasions in our two years of investigating the DOT's treatment of women's work, we have been requested to prove that sex discrimination can be present in the absence of any reference to workers in this largest, most comprehensive source of job information.

The DOT, runs the argument, is the product of the objective application of a value-free theory of occupational analysis. It is a compendium of job definitions derived by scientific means. The DOT speaks for neither analysts nor workers, just jobs, thereby rendering it impossible for women to be the victims of discrimination. Thus, the DOT Research Project was funded to study a problem that cannot be real. At least, that is the claim of some critics.

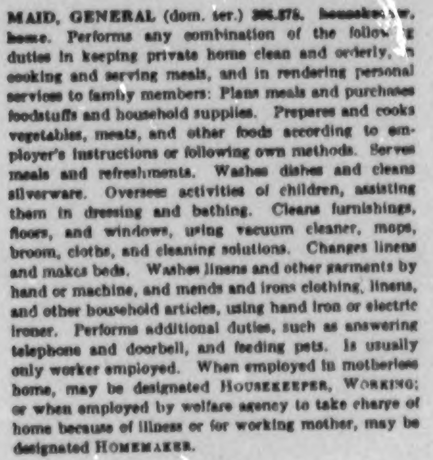
To provide an understanding of the bias that does indeed exist in the DOT, we begin by listing and commenting briefly on several characteristics common to the DOT's disposition of derivatives of homemaking and mothering. These features have been selected for discussion in the following pages because of their high degree of visibility.

In the next section, we explore sex discrimination at another, more technical level. The in-depth analysis of the systemic deficiencies introduced below is prefaced by a retrospective look at the DOT and discrimination. By tracing the development of the DOT, we believe we can state finally and firmly that the DOT Research Project was conceived and approved to provide answers to a very real problem.

The .878 Treatment

What inspired the proposal for this project was the DOT's failure to reflect, in number and skill complexity, nondegreed jobs derived from woman's role as homemaker and mother. That is not to say that the focal point of this study has been woman performing her traditional tasks in the home. In fact, though we are concerned with the general attitude toward the work of the housewife and mother as it affects the job analyst's thinking, we have been engaged in an evaluation of jobs that are the product of a transference of homemaking and mothering skills to a competitive, standards-conscious, wage-earning context. Because the DOT treats only salaried jobs in our economy, we have focused on paid women's work, jobs such as those of foster mothers, homemakers, home health aides, and nursery school teachers.

The characteristic most closely associated with the DOT's treatment of women's work is the .878 worker function code. We are referring here to the last three digits of the six-digit code identifying each job in the DOT.



MAID, GENERAL (dom. ser.) 306.878. [illegible] home. Performs any combination of the following duties in keeping private home clean and orderly, in cooking and serving meals, and in rendering personal services to family members: Plans meals and purchases foodstuffs and household supplies. Prepares and cooks vegetables, meats, and other foods according to employer's instructions or following own methods. Serves meals and refreshments. Washes dishes and cleans silverware. Oversees activities of children, assisting them in dressing and bathing. Cleans furnishings, floors, and windows, using vacuum cleaner, mops, broom, cloths, and cleaning solutions. Changes linens and makes beds. Washes linens and other garments by hand or machine, and mends and irons clothing, linens, and other household articles, using hand iron or electric ironer. Performs additional duties, such as answering telephone and doorbell, and feeding pets. Is usually only worker employed. When employed in motherless home, may be designated HOUSEKEEPER, WORKING; or when employed by welfare agency to take charge of home because of illness or for working mother, may be designated HOMEMAKER.

DOT job analysis theory is based in part on the premise that every job requires a worker to function at some definable level with regard to Data, People, and Things. Analysts select their ratings from the fixed lists shown on the following page.

Numbers have been assigned to each level with the understanding that the higher the number, the lower the skill complexity of the function. The result is that each list constitutes a separate hierarchy, with the Data rating always occupying the fourth digit, the People rating the fifth digit, and the Things rating the sixth digit of the published code. Small hierarchies feed into large ones in Volume II of the DOT, where the world of work is organized by occupation, and jobs are listed from the complex to the simple according to their skill-complexity codes.

Data	People	Things
0 Synthesizing	0 Mentoring	0 Setting Up
1 Coordinating	1 Negotiating	1 Precision Working
2 Analyzing	2 Instructing	2 Operating-Controlling
3 Compiling	3 Supervising	3 Driving-Operating
4 Computing	4 Diverting	4 Manipulating
5 Copying	5 Persuading	5 Tending
6 Comparing	6 Speaking/ Signaling	6 Feeding/Offbearing
7 --	7 Serving	7 Handling
8 No Significant Relationship	8 Taking Instructions/Helping	8 No Significant Relationship

It is impossible to code a job lower than an .878. As a result, .878 jobs are always found at the bottom of their Occupational Group, further reinforcing the idea that on a scale of comparative importance and complexity, they are the least significant and the least skilled of all jobs in the world of work as conceived by the DOT.

All nondegreed jobs that are the salaried counterparts of women's work as homemakers and mothers and some that appear to be, even though they require specialized knowledge in health or education, are rated at an .878 in the DOT. Listed by their DOT titles, these jobs include MAID; MAID, GENERAL; HOMEMAKER (a variation of MAID, GENERAL); TEACHER, NURSERY SCHOOL; HOME ATTENDANT (also known as HOME HEALTH AIDE); NURSE AIDE; NURSE, PRACTICAL; and FOSTER MOTHER. Interestingly enough, there is no entry for foster father.

In contrast, a MARINE MAMMAL HANDLER is rated at a .328, a HOTEL CLERK at a .368, a DOG TRAINER at .228, a DOG POUND ATTENDANT at .874, and an UNDERTAKER at .168.

When the authors of the DOT Research Project proposal employed some of these examples to show the DOT's treatment of "women's work" as opposed to "people's work," critics complained that there was no basis for comparison.

They seemed to forget that DOT job analysis theory is founded on the assumption that all jobs can be measured by the same yardstick.

Condition of Neglect

In connection with our study of derivatives of homemaking and mothering, we became concerned with the whole spectrum of allied paraprofessional jobs performed by women in the fields of education, health, and social services.

Field Centers have invested literally thousands of hours studying important but nevertheless mechanical ways of earning a living to provide the user of the DOT with, among other things, a fine breakdown of SEWING MACHINE OPERATOR into more than 100 entries covering five and one-half pages in the DOT. In contrast, we found that the vast majority of those paraprofessional jobs that are at the heart of the mushrooming human services sector of our economy receive no mention in the DOT.

The fact is that until our arrival, no one had ever thought it important enough to investigate the portrayal of People-oriented women's work by the DOT. As a result, the DOT Research Project analyzed and reported approximately 20 "new" jobs, in addition to evaluating current DOT entries that qualify as "women's work." To the best of our knowledge, this small project is the only organized Field Center-associated effort that has attempted to record such omissions. In the process, we came to question the "newness" of these jobs, for as we illustrate later in this report, many of these paraprofessional jobs predate 1965, when the third and latest edition of the DOT was issued.

Nowhere is the state of neglect more evident than in the disposition of the most traditional of women's jobs. What entries there are amount to a handful that somehow get lumped together as being equally unskilled, their definitions suggesting in their sketchiness and confusion that little time, if any, was spent studying the jobs.

For instance, there is the attempt to deal with four or five different jobs in the guise of one entitled TEACHER, NURSERY SCHOOL. The definition's lead statement alone suggests that the Division of Occupational Analysis regards the job as a low priority item:

> Organizes and leads activities of pre-kindergarten children in nursery schools or in playrooms operated for patrons of theaters, department stores, hotels and similar organizations.[1]

That there are as many child-care services--some educational and some not--being provided here as there are environments is confirmed by the list of alternate job titles appearing in the DOT. They include CHILD-CARE LEADER, CHILD-DAY-CARE CENTER WORKER, NURSERY-SCHOOL ATTENDANT, and PLAYROOM ATTENDANT, all of which refer to jobs that have their own distinct identity, quite apart from TEACHER, NURSERY SCHOOL.

Then there is the salaried job of Homemaker. Homemaker was found by this project to be a highly responsible paraprofessional job that was evolved years ago to assist the caseworker in social service agencies. In the DOT, the job rates all of two and one-half lines (a bare mention), the reason being that it is treated as a variant of MAID, GENERAL. HOMEMAKER, states the DOT, is the title used to describe a job of maid when the worker is "employed by welfare agency to take charge of home because of illness or for working mother."[2]

It is doubtful that mothers holding salaried jobs have ever comprised a significant percentage of persons on welfare or that welfare agencies were once in the business of providing maid service. What does appear certain is that assumptions were substituted for job observations and interviews in the "analysis" of HOMEMAKER.

Of course, People-oriented jobs such as Homemaker, Foster Mother, and Nursery School Teacher are the ultimate challenge for the analyst accustomed to making observations in a factory setting where job demands are nearly as plain as the end product. There the claim seems to hold true that DOT job analysis theory enables the analyst to divorce the job from the worker. In manufacturing, the analyst finds the components of the theory--an intricate sort of checks-and-balances arrangement whereby the job description, worker traits, occupational classification, and worker-function code support and justify one another--clicking neatly into place so as to make the system appear infallible.

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[1] U.S. Department of Labor, Dictionary of Occupational Titles, 3rd ed., Vol. I (Washington: U.S. Government Printing Office, 1965), p. 727.

[2] DOT, Vol. I, p. 440.

But when at last a Field Center must focus its attention on women's work--namely, derivatives of mothering and homemaking--the quest for precision and accuracy is somehow lost. We believe the problem lies partly in inadequacies in DOT job analysis theory that give license to analysts to rely on commonly held assumptions about women's work as the basis for their final evaluations. The findings of this project suggest that the most popular belief allowed to flourish is that women's work is performed on the level of instinct and therefore occupies a position of relative insignificance in the world of work.

Working by Instinct

Particularly with derivatives of homemaking and mothering that share the .878 code, two more characteristics emerge to confirm the suspicion that DOT technicians have been permitted to presume that People-oriented women's work makes its demands on the instincts rather than the intellect. The first characteristic has to do with what is known as Specific Vocational Preparation and the second with General Educational Development.

To explain how generalizations can be made about jobs with the same worker-function code--in this case, .878 jobs--we quote Dr. Sidney A. Fine, who directed the development of the Data-People-Things concept for the Division of Occupational Analysis in the 1950s. In the Summer, 1968, issue of The Journal of Human Resources, he tells what bearing the worker-function code has on another system of classification known as the Worker Traits Arrangement (WTA) Groups, which he refers to below as the "worker-traits groups."

> . . . the worker function part of the code is also an index to worker-traits groups (that is, groups of jobs which have a homogeneous pattern of aptitudes, interests, temperaments, education and training requirements). Thus, all jobs for which the last three digits are the same,

> regardless of occupational group, will be found in the same worker-traits groups, and will have the same range of educational and training requirements.[3]

The Worker Traits Arrangement Groups, which number 114, are found in Volume II of the DOT. There on page 479 is the group that is of the most interest to this project, since it contains the largest number of salaried jobs associated with women's traditional responsibilities in the home.

CHILD AND ADULT CARE

.878

Work Performed

Work activities in this group primarily involve assisting individuals who are totally or partially unable to care for themselves. Typical recipients of such care would be children in private homes or institutions and adults confined to hospitals or institutions. Safety, hygiene, and health are the most frequent fields of concern.

Worker Requirements

An occupationally significant combination of: Patience and sympathy for problems of others; the ability to relate to people; stability under pressure; attentiveness and the ability to pay attention to detail; clean personal habits; freedom from communicable diseases; and some degree of manual and finger dexterity and motor coordination.

Clues for Relating Applicants and Requirements

Completion of first aid courses.
Babysitting experience throughout high school.
Experience in medical corps in the Armed Service.
Volunteer work caring for shut-ins.
Good medical record.
Confidence and poise demonstrated in an interview.

Training and Methods of Entry

General acceptance and successful execution of domestic responsibilities and such casual work experience as babysitting serve as good backgrounds for many individuals seeking entry.

Familiarization with basic techniques is required for entry into specialized activities within this group, in particular those having to do with the care of children and elderly or invalided people and first aid work. Most training is in the form of preentry instruction and on-the-job, observational experience.

RELATED CLASSIFICATIONS

Animal Care (.874; .877) p. 511
Miscellaneous Personal Service Work (Food Serving, Portering, Valeting, and Related Activities) (.868; .878) p. 507
Nursing, X-Ray, and Related Services (.368; 378) p. 477
Therapeutic and Related Work (.128; .228) p. 475

QUALIFICATIONS PROFILE

GED: 3
SVP: 2 3 4

Apt:	GVN	SPQ	KFM	EC
	334	444	444	55
	44	3	333	44

Int: 4 2 9
Temp: 5 8 9
Phys: Dem: L M 4 5

(Continued on next page.)

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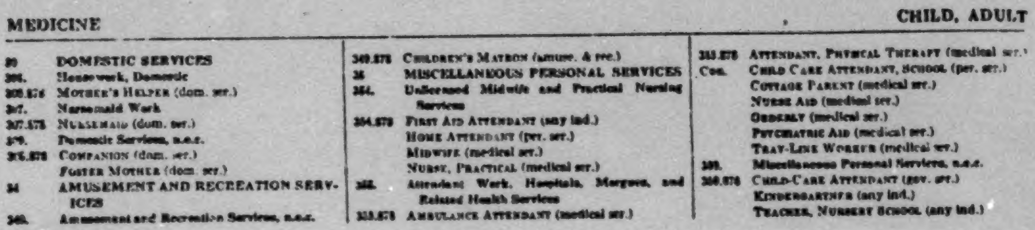
[3] Sidney A. Fine, "Use of the Dictionary of Occupational Titles to Estimate Educational Investment," The Journal of Human Resources, III (Summer, 1968), 374.

CHILD AND ADULT CARE (CONTINUED)

RELATED CLASSIFICATIONS



MEDICINE

CHILD, ADULT

30 DOMESTIC SERVICES
306. Housework, Domestic
306.878 Mother's Helper (dom. ser.)
307. Nursemaid Work
307.878 Nursemaid (dom. ser.)
309. Domestic Services, n.e.c.
309.878 Companion (dom. ser.)
Foster Mother (dom. ser.)
34 AMUSEMENT AND RECREATION SERVICES
349. Amusement and Recreation Services, n.e.c.
349.878 Children's Matron (amuse. & rec.)
35 MISCELLANEOUS PERSONAL SERVICES
354. Unlicensed Midwife and Practical Nursing Services
354.878 First Aid Attendant (any ind.)
Home Attendant (per. ser.)
Midwife (medical ser.)
Nurse, Practical (medical ser.)
355. Attendant Work, Hospitals, Morgues, and Related Health Services
355.878 Ambulance Attendant (medical ser.)
355.878 Attendant, Physical Therapy (medical ser.)
Con. Child Care Attendant, School (per. ser.)
Cottage Parent (medical ser.)
Nurse Aid (medical ser.)
Orderly (medical ser.)
Psychiatric Aid (medical ser.)
Tray-Line Worker (medical ser.)
359. Miscellaneous Personal Services, n.e.c.
359.878 Child-Care Attendant (gov. ser.)
Kindergartner (any ind.)
Teacher, Nursery School (any ind.)

Specific Vocational Preparation, appearing as SVP in the Qualifications Profile, is defined by the Handbook for Analyzing Jobs as "the amount of time required to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific job-worker situation."[4] Such preparation can be obtained in formal classroom study, from on-the-job training, by an apprenticeship arrangement, and on other jobs.

No mention is made in the Handbook of the unpaid work experience a woman accumulates and the skills she acquires managing a household. Apparently this kind of Specific Vocational Preparation has not been taken into consideration, for the SVP rating (selected by analysts from a fixed scale of time allotments) states that to perform any of the jobs under Child and Adult Care, the worker may need as little as a "short demonstration up to one month" (SVP 2) or as "much" as a "maximum of six months" (SVP 4) of related experience or education.

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[4] U.S. Department of Labor, Handbook for Analyzing Jobs (Washington, D.C.: U.S. Government Printing Office, 1972), p. 209. This handbook is the Field Center analyst's guide to interpreting and implementing DOT job analysis theory.

The Handbook provides job-worker situations to illustrate all of the levels of its various scales. SVP 2 includes the following benchmarks:[5]

> --Lifts green-clay products such as brick, roofing tile, or quarry floor tile from press conveyor belt, and stacks them in specified pattern on kilncar, drier rack, or pallet.
>
> --Poses as subject for paintings, sculptures, and other types of art for translation into plastic or pictorial values by painter or sculptor.

SVP 4 has what appears to be a NURSE AIDE performing Data and Things-related tasks which do not show in the .878 rating, along with workers "tending one or more machines that wash commercial, industrial, or household articles," "pouring liquid candy into chilled molds to form solid candy figures," "driving gasoline or diesel powered tractor-trailer combination," etc.

None of the benchmarks for SVP 2, 3, or 4 recognize the People relationship involved in working for pay to "rear children in own home as members of family" (the DOT's definition of FOSTER MOTHER) or to "organize and lead activities of prekindergarten children in nursery schools or in playrooms" (TEACHER, NURSERY SCHOOL).

To strengthen still further the implication that women in their traditional roles "serve" at an automaton level, there is the General Educational Development rating of 3 assigned to all jobs in Child and Adult Care. This level's degree of reasoning development is defined as the ability "to apply commonsense understanding to carry out instructions furnished in written, oral, or diagrammatic form. Deal with problems involving several concrete variables in or from standardized situation."

Nowhere in the Handbook for Analyzing Jobs is the term commonsense precisely defined.

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[5] Handbook for Analyzing Jobs, p. 221.

Discriminatory Job Titles

Finally, the most obvious way the DOT allows the gender of a worker to interfere with the disposition of a job is in its use of sex-discriminatory titles. Their appearance is in violation of the guidelines of the Equal Employment Opportunity Commission (EEOC) on discrimination because of sex.[6] But what makes the situation particularly worthy of attention is that via its Office of Federal Contract Compliance, the U.S. Department of Labor, which also houses the Division of Occupational Analysis, has issued the same prohibition against sex-discriminatory titling.

FOSTER MOTHER, GOVERNESS, WAITRESS, SALAD GIRL, and MAID are only five DOT titles that mark jobs "for women only." According to the North Carolina Field Center, the DOT contains approximately 3,200 sex-discriminatory titles. The review center drew its conclusions in the spring of 1972, when at the direction of the Division of Occupational Analysis, the North Carolina staff spent the better part of a month formulating alternate titles. Critiques were prepared and more changes made, and, finally, having passed the approval of the Office of Equal Employment, the recommendations of this commendable report seem to be part and parcel of the next edition of the DOT, barring a reversal of that stand by Division officials.

The DOT Research Project staff emphatically supports and urges the implementation of the North Carolina recommendations. Unless they refer to bona fide sex-related jobs, titles that specify gender severely restrict the development of a nation's labor force potential and contribute to the maintenance of a welfare state by limiting career choices and employment opportunities.

In summary, the most salient characteristics of women's work as it is treated in the DOT are these: the .878 worker-function code; the proof of neglect; the low SVP rating which implies that the worker relies upon instinct; sex-discriminatory titles; and the undefined term commonsense, that all too often is used to describe the reasoning ability necessary to perform women's work.

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[6] Guidelines on Discrimination Because of Sex (Washington, D.C.: U.S. Government Printing Office, March 31, 1972).

To sum up the position women's work occupies in the DOT, we quote descriptions of two jobs, one belonging to Child and Adult Care and another to what is designated as a related WTA Group, Animal Care. Both are taken from the third and most recent edition of the DOT. In neither case have the worker-function codes been altered for the purposes of reproduction in this report.

HORSE PUSHER (agric.) 410.874. Feeds, waters, and otherwise tends horses en route by train.

FOSTER MOTHER (dom. ser.) 359.878. Rears children in own home as members of family: Oversees activities, regulating diet, recreation, rest periods, and sleeping time. Instructs children in good personal and health habits. Bathes, dresses, and undresses young children. Washes and irons clothing. Accompanies children on outings and walks. Takes disciplinary action when children misbehave. Children may return to parents' home during weekends and holidays, or may remain with FOSTER MOTHER full time. May work under supervision of welfare agency. May prepare periodic reports concerning progress and behavior of children for welfare agency.

PART II

DISPELLING WOMEN'S WORK MYTHS: PRESCRIPTION FOR AN AILING DOT

Homemaking and mothering have long been considered the "natural" province of the "weaker sex." Linked with biological functions and performed without pay, the tasks associated with these jobs have rarely been accorded the serious, prolonged study necessary to impress society with their demands and corresponding socioeconomic value.

The myth that women's work is simple underlies the DOT's treatment of the paid derivatives of these so-called natural functions and is perpetuated through inconsistencies and deficiencies in DOT job analysis theory. Time and again, project analysts found the same theory that can be used so effectively to articulate the various gradations of Thing-oriented work to be lacking in that capability as it relates to subprofessional, People-oriented occupations. Moreover, in studying the unedited women's work data for the third and most recent edition of the DOT, project staff discovered that where Field Center analysts had attempted to utilize the theory to its fullest extent, their skill complexity codes had been altered to the .878 level for publication.

Against a backdrop illustrating the Division of Occupational Analysis' historical tendency to discount the importance of women's work, this section contains the project's analysis of what must be done if the DOT is to mirror fact rather than fiction. Toward this end, the staff presents recommendations for remedying systemic deficiences, as well as documentation showing that even in its present state, the proper application of DOT theory can dispel many of the myths surrounding women's work.

No Room for Women's Work: Identifying an Orientation

Via its ten Field Centers dotting the nation, the Division of Occupational Analysis produces the DOT. Though their permanent assignment is to cover the world of work in its entirety, the analysts' professional lives--by their own description--seem to be a perpetual round of "plant studies." Not once during the project's tenure was a term such as agency study encountered as a synonym either in the files of written communication from other Field Centers or in the conversation of Wisconsin analysts.

The consistent use of the term plant study to describe the analyst's primary activity from the first day of inservice training might be insignificant if it weren't that plants--industrial plants--are where most of the actual data collection for the DOT has traditionally taken place--at the expense of human service occupations. Underlining how language reflects the sexual bias found in the DOT is the fact that the plant visited by the analyst can house any number of occupations which may or may not be studied: What determines the plant's selection is whether it contains a group of jobs belonging to the industry to which the Field Center and the analyst have been assigned.

For the third and now the fourth edition of the DOT, each Field Center has been responsible for analyzing and conducting a perpetual inventory of jobs found in as many as 30 industries. While the DOT's classification of the world of work by industry encompasses all occupations, plant studies in the human services have been kept to a minimum for more than reasons of semantics. The nature of the DOT's Industry Arrangement guarantees that when Field Centers exercise their option to determine priorities, they attend to those industries that are manufacturing-oriented, so poorly defined are the human service categories.

In 1972, and again in 1973, Division personnel responded to project inquiries with the news that the Domestic Services and Clerical and Kindred Occupations industries had yet to be thoroughly covered in the time that had elapsed since the third edition of the DOT appeared in 1965. The Division's unfamiliarity with project-analyzed jobs in child and health care strongly suggests that the Medical Services and Education and Instruction industries have suffered similar neglect.

The failure to accord women's work equal time and treatment can be traced to the years just preceding the development of DOT job analysis theory. In 1944, the magazine Occupations paid tribute to the Division of Occupational Analysis on its tenth anniversary by inviting its staff to outline the development of its program, including the DOT, in a lengthy article entitled "Ten Years of Occupational Research."

With one edition of the DOT to their credit, spokespersons placed their efforts in the following context:[1]

> In tracing the work of the Division one observes that its program has been affected by national and international conditions . . . .
>
> In the defense period the work of the Division was immediately focused upon the preparation for war, and became concerned particularly with the problem of selection and transfer of workers in order that their capacities and skills could be utilized to the maximum as early as possible. During this period the Division also worked with the Armed Forces in their studies of occupations and skills, and in their application of research techniques and products which had been developed by the Division.
>
> In the war period the work of the Division was focused on the practical problem of the effective utilization of workers in industry.
>
> With the close of the war . . . major emphasis in research and in the application of the research findings will be placed on the preparation of proper occupational information, tools, and techniques to aid in an orderly transfer of workers from military to civilian occupations and from civilian to peacetime occupations. Considerable emphasis will be given to the studies of jobs whereby handicapped veterans and war workers may be adequately adjusted.

Anticipating the conversion of the world of work to a civilian economy, Division representatives promised to meet the challenge of recording, defining, and classifying new occupations as well as those omitted from the first edition of the DOT. But in "Ten Years of Occupational Research," the Division's close association with male occupational interests is the predominant theme as the article's authors--some of whom are still with the Division--show how they intend to help rebuild the nation via the DOT:[2]

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[1] Carroll Shartle, et al., "Ten Years of Occupational Research," Occupations, XXII (April, 1944), 441.

[2] Shartle, et al., 403.

> First in importance of the methods used to keep the Dictionary up to date are the current field job analyses of occupations in essential industries . . . . Examples of recent studies of new industries resulting in significant additions of job definitions and classifications to the Dictionary are those for the synthetic rubber industry, and the production of alkalies in the chemical industry.
>
> Examples of industries that are currently being studied are the plastics, electrical equipment, and the non-ferrous metal alloys and products industries.

Today it is as if the clock had stopped some 30 years ago. Entitled "Concepts and Principles in Job Analysis," the second chapter of the Field Center analysts' Handbook for Analyzing Jobs makes no mention whatsoever of human service occupations in its illustrations of job-worker situations. Much of the work of the DOT Research Project appears to be without precedent in terms of previous job analysis schedules submitted by the Field Center system for the same jobs as well as in terms of handbook benchmarks. Above all, DOT job analysis theory mirrors the Division's role-and-mission statement of the 1940s, virtually ensuring that analysts will continue to employ it in the setting where it evolved--namely, in industries that permit "plant studies."

Covering Up Women's Work: A Matter of Convenience?

In the early 1960s, the Division of Occupational Analysis parceled out approximately 30 research projects to the Field Centers in an attempt to improve and update the structure, content, and theory of the DOT. But shortly afterward, the Division staff suffered severe cutbacks that were fatal to the projects. In the mid-sixties, they were abruptly terminated in various stages of completion, never to be resumed on the same scale.

Though the disposition of women's work in the DOT was not a specific concern of the projects, there is reason to believe that the investigative spirit of a decade ago would have led in that direction. As the DOT Research Project staff was to discover, Field Center analysts had struggled with the complexities of women's work long before there was a DOT Research Project. Housed in the Wisconsin Field Center, project analysts had access to the official data bank for the third and most recent edition of the DOT. There on microfilm is the evidence: The raw (unconverted) skill complexity ratings for .878 jobs such as MAID, GENERAL; TEACHER, NURSERY SCHOOL; and HOME ATTENDANT are .474, .677, and .677, respectively. For a number of other subprofessional, People-oriented women's jobs appearing in the DOT, the story is the same. The data bank, which represents the unedited version of the DOT, shows that over a ten-year period, the women's work skill-complexity codes submitted by Field Center analysts differed drastically from what was published in 1965.

Why the wholesale concealment of what DOT analysts believed to be the true Data-People-Things functions required to perform traditional women's work? The DOT Research Project staff concluded that technicians of the DOT chose, as a matter of convenience, to accept the myth that women's work is somehow instinctive and therefore simple. The arbitrary reduction of women's work codes to the lowest level possible for any job was apparently elected as the most expedient way to group and dispose of a troublesome species of work that could not otherwise be defined by DOT job analysis theory in a neat and acceptable manner.

Alternatives to Expedience: Improving Job Analysis Tools

Two actions, one addressed to improving the conceptual framework of the DOT and the other to the policy of altering raw skill-complexity codes, must be initiated concurrently by the Division of Occupational Analysis, if sex discrimination is to be eliminated from the DOT. Proof of the necessity for publishing unconverted codes--most especially those assigned to women's work--constitutes the conclusion of this section of the DOT Research Project report. What follows immediately below is the project's itemized analysis, complete with recommendations, relating to those facets of DOT theory and structure that contribute to the biased treatment of female-linked jobs. Basing these observations and proposals on their own experience along with that of Field Center staff, project analysts conclude that until further developed, DOT theory is bound by its limitations to shortchange women's work.

1. Industry Designation

The industry designation appears in parentheses next to the job title in Volume I of the DOT. Since Field Center assignments are made by industry, the amount of attention accorded a job depends on the specificity and manageability of the industry to which it is assigned. Most production work is categorized with admirable precision in the present Industry Arrangement. For instance, there is the industry Gold Leaf and Foil, which contains exactly three jobs. In contrast, subprofessional human service occupations are lumped--or scattered--in six out of the 229 industries comprising the DOT Industry Arrangement. Those industries are Domestic Service, Personal Service, Any Industry, Governmental Services, Medical Services, and Clerical and Kindred Occupations.

Domestic Services "covers occupations in or about private homes concerned with the rendering of services for members of households or their guests."[3] Antiquated jobs, such as FOOTMAN, COACHMAN, and MAN-ON-THE-BOX, characterize this industry, evidencing and inviting neglect. Also found in Domestic Service are the jobs of HOMEMAKER and FOSTER MOTHER.

Project studies of both jobs illustrate how traditional women's work is devaluated by default through the Industry Arrangement. From its field work, project staff determined that technically there exists no such job as FOSTER MOTHER for the simple reason that social service agencies seek couples to provide foster care. Jobs performed by couples (e.g., RESORT COUPLE, CAMP COUPLE) are routinely assigned a DOT code of .999 in place of a skill-complexity rating, owing to "the diverse nature of the work situation and the trait requirements."[4] HOMEMAKER, another Domestic Service .878 casualty, is treated as an undefined title related to MAID, GENERAL, when in reality it is a paraprofessional job found in social service agencies to assist caseworkers.

NURSERY SCHOOL TEACHER is not even recognized as belonging to a specific industry, but is assigned to Any Industry, a catch-all designation comprised of numerous occupations ranging from ADMINISTRATIVE SECRETARY to POWER SAW MECHANIC to SANTA CLAUS. The category Any Industry is not assigned to Centers for regular coverage. Even should an attempt be made to study a miscellaneous grouping so large and varied as Any Industry, it seems improbable that such a study could be systematic or complete. The neglect suffered by NURSERY SCHOOL TEACHER is of particular concern to the project, since it seems to be related to the Division's failure to keep up with the mushrooming field of day-care occupations.

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[3] U.S. Department of Labor, Dictionary of Occupational Titles, 3rd ed., Vol. II (Washington, D.C.: U.S. Government Printing Office, 1965), p. 504.

[4] DOT, Vol. II, p. vii.

The assignment of women's work to poorly defined industries extends beyond derivatives of homemaking, as exemplified by the industry designation Clerical and Kindred Occupations. Although beyond the scope of the project, these jobs are the source of considerable concern, since in 1973, 34.3 percent of the women in the labor force were employed in clerical positions. By itself, the definition for what is eligible to be classified in Clerical and Kindred Occupations contains so many qualifications and explanatory notes that this portion of the world of work has become--by the accounts of occupational analysts--unmanageable. Under the circumstances, there is little reason to suppose that the treatment of clerical jobs in the forthcoming edition of the DOT will be comprehensive or accurate.

> **clerical**—CLERICAL AND KINDRED OCCUPATIONS: This designation covers occupations of the following types that are common to a number of industries: (1) those occupations whose "clerical duties" take up a majority of the worker's time; (2) those occupations whose "clerical duties" take up a minority of the worker's time but for which the major requirement is the ability to perform the "clerical duties"; (3) those occupations whose duties, although nonclerical, are dependent on, and intimately connected with definite clerical jobs, and for which the promotional sequence usually is to positions of a strictly clerical character; and (4) "white collar" occupations that are not strictly clerical in character but that are more closely associated with truly clerical workers than with occupations in other occupational groups. "Clerical duties" in this classification are considered to be: (1) duties related to general office work, such as bookkeeping, taking and transcribing dictation, typing, auditing, and keeping records (often referred to as pencil work or paper work); and (2) duties pertaining to the operation of various office machines, such as adding machines, calculating machines, and duplicating machines. Occupations of a clerical nature that are peculiar to individual industries are not covered by this designation.

Recommendations. The project staff proposes the following:

1. Revise the present Industry Arrangement, whereby service occupations would be classified with the same specificity accorded factory jobs to ensure proper coverage and equitable treatment of subprofessional human service occupations.

    - Limit Domestic Services to jobs providing for the custodial care of individuals and their personal effects in private households. Jobs would include NURSEMAID, COMPANION, MOTHER'S HELPER, PERSONAL MAID, VALET, and BABYSITTER. To be excluded would be jobs providing educational or medical services.

- Create a new industry entitled Maintenance Services for jobs involved in the upkeep of private and public establishments.
- Create a new industry entitled Family Social Services for Homemaker and Foster Couple, as well as other related subprofessional and degreed jobs, such as CASEWORKER and other social work positions, which now belong to Professional and Kindred Occupations.

2. Reassign misplaced (misplaced by virtue of the training required and services rendered) jobs to their appropriate industry.
   - Assign child-care jobs, such as NURSERY SCHOOL TEACHER, which provide educational services, to the existing DOT industry Education and Instruction.
   - Assign home health aide work to the industry Medical Services.

2. Sentence Analysis

The erroneous coding of People-oriented, women's jobs in the DOT is supported by the absence of vital data from their published definitions. A HOME ATTENDANT (HOME HEALTH AIDE) "cares for elderly, convalescent or handicapped persons in patient's home." A NURSERY SCHOOL TEACHER "organizes and leads activities of prekindergarten children." But what are the objectives of these jobs? What is lacking in these lead sentences and subsequent task statements is an expression of purpose, the omission of which is in contradiction to a basic job analysis technique known as sentence analysis.

The comprehension and articulation of the objectives of a job reflects how an analyst views worker functions or, in other words, the Data-People-Things demands made on the worker. Sentence analysis follows a standardized format used by the analyst to describe completely and precisely what the worker does, how it is done, and why it is done. According to the Handbook for Analyzing Jobs, "the framework for sentence analysis is constant; an implied subject, an action verb, an object, and a modifying phrase."[5]

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[5] U.S. Department of Labor, Handbook for Analyzing Jobs (Washington, D.C.: U.S. Government Printing Office, 1972), p. 7.

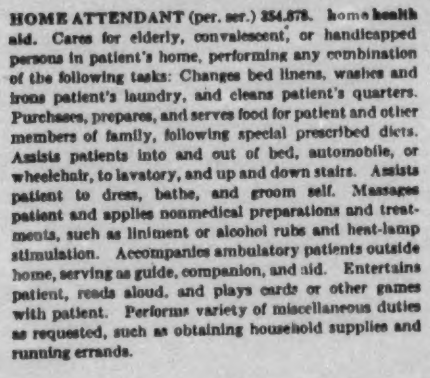
An example of the correct use of sentence analysis is found in the lead statement for SEWING MACHINE OPERATOR, ALL AROUND.[6]

$$\underbrace{\text{Operates}}_{\text{verb}} \qquad \underbrace{\text{various sewing machines}}_{\text{immediate object}}$$

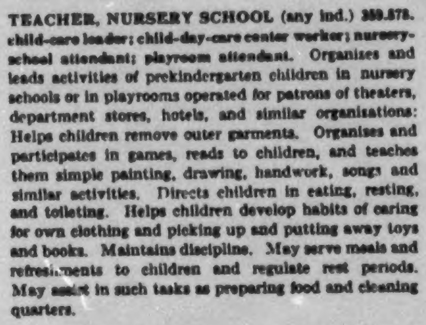
$$\underbrace{\text{to join, gather, hem, reinforce, or decorate product . . .}}_{\text{modifying infinitive phrase}}$$

(end product or service)

A comparison of this model to the DOT definitions for HOME ATTENDANT and NURSERY SCHOOL TEACHER makes it clear that the ultimate service or product has been omitted.



HOME ATTENDANT (per. ser.) **354.878. home health aid.** Cares for elderly, convalescent, or handicapped persons in patient's home, performing any combination of the following tasks: Changes bed linens, washes and irons patient's laundry, and cleans patient's quarters. Purchases, prepares, and serves food for patient and other members of family, following special prescribed diets. Assists patients into and out of bed, automobile, or wheelchair, to lavatory, and up and down stairs. Assists patient to dress, bathe, and groom self. Massages patient and applies nonmedical preparations and treatments, such as liniment or alcohol rubs and heat-lamp stimulation. Accompanies ambulatory patients outside home, serving as guide, companion, and aid. Entertains patient, reads aloud, and plays cards or other games with patient. Performs variety of miscellaneous duties as requested, such as obtaining household supplies and running errands.



TEACHER, NURSERY SCHOOL (any ind.) **359.878. child-care leader; child-day-care center worker; nursery-school attendant; playroom attendant.** Organizes and leads activities of prekindergarten children in nursery schools or in playrooms operated for patrons of theaters, department stores, hotels, and similar organizations: Helps children remove outer garments. Organizes and participates in games, reads to children, and teaches them simple painting, drawing, handwork, songs and similar activities. Directs children in eating, resting, and toileting. Helps children develop habits of caring for own clothing and picking up and putting away toys and books. Maintains discipline. May serve meals and refreshments to children and regulate rest periods. May assist in such tasks as preparing food and cleaning quarters.

The lead statements for HOME ATTENDANT and NURSERY SCHOOL TEACHER contain verbs and immediate objects but no modifying infinitive phrases. Project analyses show the objective of Home Health Aide tasks to be "to provide for the physical and emotional comfort of convalescent or chronically ill patients and

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[6] DOT, Vol. II, p. 642.

and to promote independence for the purpose of preventing or postponing institutionalization." Nursery School Teacher "plans and conducts instructional program to promote child's social, emotional and intellectual growth . . . ." The project definitions (see Appendices B and H) for these jobs were prepared and edited in conformance with Handbook instructions for the application of sentence analysis technique.

It is recommended that Field Center analysts abide by these instructions without exception in the future. Ultimately, the failure to employ the sentence analysis technique in the evaluation of derivatives of homemaking and mothering distorts and devaluates the actual work performed.

3. The Criticality Factor

It would seem that phrases such as "Rears children" (FOSTER MOTHER); "Takes charge of home" (HOMEMAKER); and "Teaches children simple songs" (NURSERY SCHOOL TEACHER) indicate high-level Data functions, but these are not reflected in the .878 code assigned to these jobs. In fact, those jobs were originally rated at .677, .474, .677, respectively. However, their codes were further devaluated by the criticality factor, which is reflected in the numeral 8, meaning No Significant Relationship.

A job actually receives two ratings in the hands of a Field Center analyst. The first is an unconverted code which expresses the job's actual relationships to Data, People, and Things. The second code--which is the code that appears in the DOT--is a modification of the first, expressing Data-People-Things in terms of their relative "significance."

Though they may exist, written guidelines for determining what makes a function significant could not be produced by Field Center or Division personnel. In response to the questions of project staff, analysts admitted to general confusion on the subject. Most agreed that the significance of a function seems to depend on the amount of time (how much is unspecified) the worker spends engaged in Data, People, or Things relationships.

Thus, what the criticality factor amounts to is the arbitrary concealment of real skill complexities. A case in point is the job of WAITRESS. The

DOT's definition includes the statement "totals bills and accepts payment," which suggests a Data function level of 4 (Computing). The code for WAITRESS, however, is .878. It seems highly improbable that an employer would be very satisfied with the performance of a WAITRESS who could not add, accept payment, or make correct change. But apparently in this instance, as in so many others, the function was not considered critical by some unknown criterion that might be associated with a time-motion study.

The need to conceal job information via the criticality factor seems to be based on the maintenance of the current Worker Traits Arrangement (WTA) classification system. Analysts only recently have been advised not to force jobs into WTA Groups, but the fact remains, as stated earlier in this report, that the skill-complexity code is the "index" to WTA Groups. Consequently, analysts--by their own admission--mask worker functions to make jobs fit WTA Groups.

One example of this practice is the .878 job entitled CHILD CARE ATTENDANT found in the Governmental Services industry. The raw code assigned to CHILD CARE ATTENDANT is .377. A Data function rating of 3 (Compiling) is too high to be easily dismissed. Yet the published Data rating assigned CHILD CARE ATTENDANT is an 8 (No Significant Relationship). The fact that the real Data rating has been masked seems to indicate a choice was made to "fit" the job into the WTA Group, Child and Adult Care, which bears the code .878.

Recommendation. The project staff proposes the following:

> Eliminate the worker-function level No Significant Relationship, which presently creates confusion and misunderstanding among users of the DOT by masking real ratings on a purely arbitrary basis.

The purpose of the DOT is to provide useful, accurate, and complete information about jobs; therefore, it is counterproductive to shroud this information in the mystery of criticality. Except for occupational analysts, few know about the criticality factor. Were the significance of the numeral 8 common knowledge, it hardly seems likely that Manpower Administration officials would approve the use of DOT skill-complexity codes to determine the length of time for which it will reimburse employers to train Apprenticeship and

Work Incentive Program clients. If functioning at a particular level, for whatever length of time, is essential to the performance of a job, then this should be expressed in the published DOT skill-complexity codes.

4. People "Hierarchy"

Concerned with the disposition of People-oriented women's jobs, the authors of the DOT Research Project proposal specified that staff pay particular attention to the People "hierarchy" and its role in defining derivatives of homemaking and mothering.

The interpersonal relationships demanded by a job as expressed by the fifth digit of the skill-complexity code are shown at right. As with the hierarchies for Data and Things, the People functions are supposedly arranged from the complex to the simple. The more difficult the function, the lower the number.

People Hierarchy

0 Mentoring
1 Negotiating
2 Instructing
3 Supervising
4 Diverting
5 Persuading
6 Speaking-Signaling
7 Serving
8 Taking Instructions-Helping

The first clue that this list of People functions may not form a true hierarchy is provided by the DOT itself in a footnote on page xviii of Volume I of the third edition:

> As each of the relationships to People represents a wide range of complexity, resulting in considerable overlap among occupations, their arrangement is somewhat arbitrary and can be considered a hierarchy only in the most general sense.

Project analyses of nondegreed women's work in the human service occupations confirmed that this arrangement is indeed arbitrary in that both complex and simple functions are combined at the lower end of the People spectrum. The level where this occurs is Serving (7), the function most frequently assigned to traditional women's work as evidenced by the WTA Group, Child and Adult Care.

Proof that complex and simple functions are combined in the seventh level and wrongly assigned the same numerical value is found in the Handbook's definition for Serving: "Attending to the needs or requests of people or animals or the expressed or implicit wishes of people. Immediate response is involved."[7] (Emphasis is ours.)

It is clear that "attending to . . . expressed . . . wishes" is a relatively simple function of the sort that occurs, for instance, when a cafeteria line worker apportions food at the request of a customer. But attending to implicit wishes suggests an entirely different type of Serving necessitating a significant relationship to Data, in that judgment is required to make the appropriate response without being ordered. Under these circumstances, Serving could conceivably involve more complex People relationships, such as Speaking/Signaling, Diverting, and Persuading.

Examples of how the two levels of Serving have been confused and combined to the detriment of women's work are provided by the *DOT*'s disposition of MAID, GENERAL and HOMEMAKER. Homemaker was found by the project to be a paraprofessional assistant to Caseworkers in welfare agencies. But in the *DOT* it is treated as an undefined related title to MAID, GENERAL. Both jobs are coded at an .878. However, in contrast to a maid who performs tasks as assigned by the head of household, the Homemaker "serves" by counseling and instructing welfare clients in household management skills.

The inadequacies of Serving should prompt the analyst to seek alternatives in other, more complex levels of the People "hierarchy." At first glance, Supervising promises assistance in expressing the People relationships involved in tasks such as monitoring children in play or directing clients in the performance of housekeeping chores. However, the *Handbook*'s definition of this function limits Supervising to groups of workers.

The Persuading level appears to have more potential, since its definition ("influencing others in favor of a product, service, or point of view") describes the counseling/caring functions of many paraprofessional, human service jobs. Following are examples:

- Parent-Worker (Appendix E) is a paraprofessional employed by a developmental day-care center. As its definition and description of tasks illustrate, the job requires "advising," "encouraging," "counseling," and "suggesting" to assist children and their parents in the resolution of social and medical problems.

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[7] *Handbook for Analyzing Jobs*, p. 79.

- Homemaker Aide (Appendix B) is another paraprofessional job which is found in the Homemaker department of social service agencies. People functions, such as "encouraging," "demonstrating," "advising," and "counseling," are necessary to the job to maintain and improve the client's family life. Clearly, these types of actions are aspects of Persuading, particularly if the client is hostile, mistrustful, frightened, or simply ill-informed.
- Home Health Aide (Appendix B) provides nursing care services to convalescent and chronically ill patients. The job demands this worker to be able to persuade ("urge," "coax," and "gain the confidence of") the patient to co-operate in the implementation of a health care plan.

Despite the role of Persuading in these jobs and others analyzed by the project, the benchmarks which follow the Handbook's definition are drawn exclusively from sales jobs. The seven WTA Groups associated with the fifth level of the People "hierarchy" make it plain that Persuading is to be interpreted as "vending" at a price. The WTA Groups are Selling and Related Work, Demonstration and Sales Work (three groups with the same title), Sales Engineering, Purchase and Sales Work, and Decorating and Art Work.

Limiting the meaning of Persuading to the exchange of goods or a service for money presents the analyst with a choice between Mentoring (0) or its opposite number, Serving. But since Mentoring is a function that requires knowledge of "professional principles,"[8] Serving has become--by the process of elimination--synonymous in the DOT with the relationship occurring in non-degreed, People-oriented jobs traditionally performed by women.

The inadequacy of the People hierarchy affects more than the middle digit of the skill-complexity code. Its deficiencies force the analyst to make a decision that precludes the possibility of assigning a significant Data rating. Data functions of subprofessional human service jobs are almost always for the purpose of relating to people. When the analyst must choose Serving because no other alternative exists, the justification for a significant Data rating is lost.

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[8] Handbook for Analyzing Jobs, p. 76.

Cited earlier as an example of how the criticality factor serves to make jobs fit into WTA Groups, the job of CHILD CARE ATTENDANT aptly illustrates this chain reaction. Although the job is rated at an .878 in the DOT, it received a raw code of .377, the 3 (Compiling) indicating a relatively high Data function. The difference between the final code, .878, and the raw code, .377, shows the consequence of having to choose Serving to describe the People relationship. Lacking a People level to define how the Data function is invested, the analyst is deprived of an argument for retaining the Data rating in its unconverted form for publication.

Recommendations. The People "hierarchy" must be further developed and refined, if human service jobs--both degreed and nondegreed--are to be portrayed fairly and accurately in future editions of the DOT. The foregoing is not so much a project recommendation as a statement of fact that has already been acted upon by the man who directed the research yielding the Data-People-Things scheme. Since leaving the Division of Occupational Analysis, Dr. Sidney Fine has joined the W. E. Upjohn Institute for Employment Research, where he has headed the development of task analysis, involving major alterations in the People hierarchy.

Below, the DOT Research Project staff offers a plan that would assist the Division of Occupational Analysis to make a transition from an inadequate People structure to one that seems comprehensive and hierarchical.

1. Expand the definition of Persuading. Taking additional benchmarks from human service occupations, technicians of the DOT would revise the Handbook's treatment of this function to extend beyond what is presently limited to commercial transactions.

2. Devise a modified People hierarchy which includes a Caring/Counseling level:

DOT People Hierarchy	Project People Hierarchy
0 - Mentoring	0 - Mentoring
1 - Negotiating	1 - Negotiating
2 - Instructing	2 - Instructing
3 - Supervising	3 - Caring-Counseling
4 - Diverting	4 - Supervising
5 - Persuading	5 - Diverting-Persuading
6 - Speaking-Signaling	6 - Speaking-Signaling
7 - Serving	7 - Serving
8 - Taking Instructions-Helping	

Project observations show the need for inserting a Caring/Counseling function. While this level does not appear to involve Instructing, it does encompass Supervising, Diverting, Persuading, and Serving. Jobs illustrating the Caring/Counseling function include Parent-Worker, Home Health Aide, and Homemaker Aide, as well as the whole spectrum of nursing jobs.

In addition to the inclusion of a Caring/Counseling level, it is recommended that the levels of Diverting and Persuading be combined for lack of a hierarchical distinction between the two.

5. Work Fields

In the sentence analysis format, the work field is expressed by the infinitive. Since it amplifies and reinforces skill-complexity code ratings, the work field is a critical component of job analysis. Work fields are defined on page 5 of the Handbook as "organizations of specific methods either characteristic of machines, tools, equipment, or work aids, and directed as common technological objectives, or . . . characteristic of techniques designed to fulfill socioeconomic purposes."

There are 100 work fields, each with a title, a three-digit code, and a definition, which are followed by a list of methods verbs and characteristic machines, tools, equipment, work aids, and illustrative benchmarks. Supposedly all jobs in the economy can be classified by work field, but the Handbook's explanation of certain work fields makes it difficult to express the true Data-People relationships present in many subprofessional, human service occupations. Of particular concern are the work fields Teaching (.296) and Healing-Caring (.294).

Project staff analyzed several jobs involved in instructing. For instance, the Homemaker teaches social service agency clients household management skills, and the Family Day Care Mother instructs preschool children in basic self-care, socialization, and cognitive skills.

Teaching would seem to be the appropriate work field for these jobs. However, as shown below in an excerpt from page 147 of the Handbook, this work field's accompanying methods verbs, machines, tools, equipment, work aids,

TEACHING — 296

Instructing and training people or animals in the acquisition of mental, physical, or social skills. Distinguish from *Information Giving.*

Methods Verbs

Demonstrating
Directing
Examining
Grading
Lecturing
Planning (lessons)
Supervising
Testing

Machines	Tools	Equipment	Work Aids
Braille Writer	Pen Pencil Pointer Slate Stylus	Projector Public Address System Tape Recorder	Blackboard Chalk Charts Diagrams Examinations Manuals Maps Publications Reference Books Textbooks

Teaches groups of women basic principles of good carriage, balance, behavior, and grooming to improve appearance and demeanor.

Trains wild animals such as lions, tigers, bears, and elephants to perform tricks for entertainment of audience.

Teaches academic subjects such as English, mathematics, and foreign languages to pupils requiring private instructions, adapting curriculum to meet individual needs.

Teaches military subjects, such as employment and deployment of weapons, systems, military aspects of geopolitics, and passive defense, in military school, college, or university.

Instructs individuals or groups in theory and practice of proper automobile driving skills.

and benchmarks convey the very definite impression that teaching occurs only in a formal classroom setting. Furthermore, as the Field Center analyst knows from WTA patterns, the work field Teaching is reserved for those instructing jobs that require the completion of posthigh school education,meaning, in most cases, the acquisition of a college degree.

The jobs of Homemaker and Family Day Care Mother are not performed in a formal classroom setting, nor do they require a high school certificate, much less a college degree. Thus, teaching components of mothering--for example, providing training in homemaking skills, personal care, and socialization--have not been recognized by DOT analysts.

Posing a second problem is the work field Healing-Caring, which is defined as "effecting the adjustment of people or animals with physical, mental or personal problems . . . ." Clearly, the performance of tasks to maintain and improve the home life of social service agency clients (Homemaker Aide--Appendix C) and the provision of services to promote and maximize the social, emotional, physical, and intellectual development of preschool children (Teacher, Child Development Center--Appendix H) fit this work field definition.

However, methods verbs, machines, tools, equipment, work aids and benchmarks for Healing-Caring deal with physical ailments to the exclusion of mental problems. The strong general hospital orientation makes it virtually impossible to justify the selection of this work field for the multitude of jobs in social services and child development which are involved in caring for and assisting people in the resolution of personal problems.

Furthermore, Healing-Caring is apparently reserved for what are popularly believed to be the skilled jobs in a hospital. In the case of nondegreed women's work (much of which requires considerable on-the-job training to prepare health workers for paraprofessional responsibilities), analysts in the past have selected another work field entitled Accommodating. Defined as "providing specialized personal convenience and/or physical services to People (or animals)," Accommodating is associated with the Serving level in the People "hierarchy."

Recommendations. The project staff proposes the following:

1. Expand the work field Teaching to include recognition of the nonclassroom setting, utilizing methods verbs, machines, tools, equipment, work aids, and benchmarks taken from nondegreed, human service jobs.
2. Create a new work field entitled Caring and let Healing stand alone: Given the high degree of specialization in our job economy, there seems to be ample justification for the existence of both a Healing and a Caring work field. Many social service and child development jobs involve caring, but not healing--just as many medical service jobs involve healing, but not caring.

6. General Educational Development (GED)

The General Educational Development rating supports and justifies the Data (and People) complexity ratings assigned to a job. As noted earlier in this report, subprofessional human service occupations, including derivatives of homemaking and mothering, are routinely assigned middle to low GED ratings. For instance, jobs in the WTA Group Child and Adult Care are rated at no higher than a GED of 3, which is defined in terms of reasoning development as the ability to "apply commonsense understanding to carry out instructions furnished in written, oral, or diagrammatic form and to deal with problems involving several concrete variables in or from standardized situations."[9]

Although the Handbook states that the GED is meant to include both formal and informal educational experiences, the analyst is firmly locked into an academic frame of reference. The "white collar" work fields of Teaching and Healing-Caring illustrate the importance DOT job analysis theory attaches to formal education as a measure of a job's complexity and thus its status in the world of work. The fact is that descriptions of two of the GED's three divisions--mathematical and language development--are based on the curriculum being taught at specified grade levels in schools throughout the United States.[10] In DOT job analysis circles, a GED of 3 is associated with the completion of eight years of schooling.

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[9] Handbook for Analyzing Jobs, p. 211.

Some benchmarks for GED 4 and all benchmarks for GED 5 and GED 6 require formal posthigh school education, thus disqualifying subprofessional derivatives of homemaking and mothering from receiving these ratings. Therefore, since the skills exercised in women's work are derived from experience and self-study, and since the emphasis in GED benchmarks is on formal education, women's work has been relegated to the lowest Data, People, Things levels.

Selection of GED 3, with its term "commonsense" describing the reasoning ability, reinforces the myth that women's work is simple, natural, instinctive, etc. And yet, project staff found that even though posthigh school education may not be a stated prerequisite, a number of paraprofessional jobs now demand that the worker possess the abilities described in GED levels 4 and 5. Examples included in this report are Homemaker (Appendix D) and Parent-Worker (Appendix E).

Recommendations. The project staff proposes the following:

1. Field Center analysts must place equal emphasis on the informal educational experience as an important source of the generalized knowledge necessary to perform a job. Analysts must look beyond the educational prerequisites specified by employers and exercise independent judgment to determine the levels of reasoning, mathematical, and language development which comprise the GED.

In its studies of subprofessional service occupations, project staff quickly discovered that official job descriptions frequently make the poorest source of data because most employers do not know how to provide equivalencies for formal education or the lack of it. The following excerpt from a job description for Homemaker as developed by Denver's Department of Welfare shows the pitfalls that exist when the analyst takes the employer's educational prerequisites at face value:

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[10] Handbook for Analyzing Jobs, p. 209.

EXAMPLES OF WORK PERFORMED. Teaches basic skills in homemaking, money management, child care, self-care and personal adjustment with the goal of making the person and family as self-sufficient as possible. Responsibilities include household management, meal planning and food marketing, child care and personal care training. Duties include meal planning, purchasing and preparing food, and performing some routine household tasks such as cleaning, bed making, some laundry, ironing and mending.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES. Knowledge of the materials, methods and practices followed in maintaining a household, including meal planning, food marketing and preparation, house care, laundering, and mending. Some positions may require knowledge of poverty conditions, antipoverty programs, intergroup and cross-cultural problems and relations and/or problems of a specific community or cultural group. A Homemaker must possess emotional maturity and stability and be capable of exercising good judgment. Ability to understand and carry out both oral and written directions, and to maintain satisfactory records; ability to provide for the physical needs of infants, children, the aged and disabled; ability to exercise patience, understanding and tact is essential.

MINIMUM QUALIFICATIONS

Education

No minimum requirement.

2. Rewrite GED definitions and benchmarks to clarify their meaning and to provide equivalencies for informal educational experience.

Special effort should be directed toward selecting a term more precise and less subject to personal interpretation than "commonsense," which is also employed to define the reasoning development of GED levels 1 and 2. Furthermore, the adjectives "few," "several," and "a variety," used to distinguish between GED levels, are not sufficiently clear to ensure that all analysts possess the same understanding of the complexity involved. Once again, as elsewhere in the Handbook, task statements from nondegreed human service jobs should appear as benchmarks for each GED level.

7. Aptitude "G"

Aptitudes are "the specific capacities or abilities required of an individual in order to facilitate the learning of some task or job duty."[11]

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[11] Handbook for Analyzing Jobs, p. 233.

There are 11 Aptitudes, each of which is rated at one of five levels, level 1 indicating the highest level of complexity.

The Aptitude of most concern to the DOT Research Project is G (Intelligence), which, according to the Handbook, is to be understood as the following: "The ability to 'catch on' or understand instructions and underlying principles; the ability to reason and make judgments. Closely related to doing well in school."[12] (Emphasis is ours.)

Obviously, there is a correlation between intelligence and doing well in school. But research has shown that formal education does not always guarantee the development of intellectual ability nor does a job necessarily require that the worker make full use of prerequisite posthigh school training. Referring to a study by Ivar Berg, Wretha Wiley and Dr. Sidney Fine note, "It is now more or less accepted that an individual's years in school often have little or nothing to do with whether he can perform certain tasks."[13]

Recommendations. The project staff proposes the following:

1. Delete the statement "Closely related to doing well in school" from the definition for Aptitude G.
2. Revise Handbook benchmarks for all Aptitude G levels so that non-degreed human service occupations are included and are accurately represented.

8. Specific Vocational Preparation (SVP)

General Educational Development is only one of two ways the amount of training time necessary for a job is expressed in DOT job analysis theory. The other is by Specific Vocational Preparation, or the SVP rating. Specific

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[12] Handbook for Analyzing Jobs, p. 233.

[13] Ivar Berg, Education and Jobs: The Great Training Robbery (New York: Praeger Publishers, 1970). Cited in Sidney A. Fine and Wretha W. Wiley, An Introduction to Functional Job Analysis (Kalamazoo, Michigan: The W.E. Upjohn Institute, 1971), p. 27.

Vocational Preparation is "the amount of time required to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific job-worker situation."[14] The five sources of SVP listed in the Handbook make no mention of the home or community organizations as training grounds where the skills necessary to perform subprofessional women's work are typically acquired. As a consequence, derivatives of mothering and homemaking appear to be unskilled.

Recommendations. The project staff proposes the following:

1. Revise Item "E" of the SVP, "Essential experience in other jobs," to include recognition of homemaking and other unpaid job experiences.

If the disposition of women's work is to be fair and accurate in future editions of the DOT, the home must be recognized as the setting for the development of skills basic to the performance of salaried derivatives of homemaking and mothering. At the same time, "other unpaid job experiences" are equally important, since women are the backbone of this nation's volunteer community work force. The skills acquired in parent-teacher associations, political campaigns, church groups, social organizations, and on any number of boards, task forces, and committees are highly marketable and promise to become more so, as women become cognizant of their contributions.

2. Develop equivalency scales to enable fair and equitable evaluation of homemaking and other unpaid job experiences in relation to other vocational preparation.

For some jobs, such as Homemaker and Homemaker Aide, the years spent in homemaking and child rearing can be converted to an SVP rating on a year-for-year basis. In a nationwide survey of Homemaker positions conducted by the DOT Research Project, it was found that employers sought almost exclusively those workers who possessed a maturity and judgment gained only from having raised a family from infancy to a state of semi-independence.

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[14] Handbook for Analyzing Jobs, p. 209.

On the other hand, year-for-year conversion is not possible for most non-degreed child-care jobs, because job tasks involve only some aspects of a woman's total role in the home--specifically, child rearing and mothering. In those cases, project staff compared job tasks and responsibilities with the competencies and skills required of accredited child-care training programs to determine the appropriate SVP rating.

It cannot be denied that the development of equivalency scales will require considerable time and thought, but it is a necessary task if women's work is to be portrayed with accuracy. Among the institutions and agencies that have recently conducted research to determine what percentages of the day a woman spends in various homemaking and child-rearing tasks are the University of Michigan and Cornell University. It should be possible to extrapolate data from such studies to formulate the equivalencies necessary for the purposes of *DOT* job analysis theory.

9. Occupational Classification

The *DOT*'s Occupational Classification, which is represented by the first three digits of the job code, is yet another way jobs are arranged in the *DOT*. Jobs have been organized on the basis of economic activities, reflecting "a combination of work field, purpose, material, product, subject matter, service, generic term, and/or industry."[15] In its broadest outlines, the system is comprised of the nine occupational Categories listed below:

0 1	} Professional, technical, and managerial occupations
2	Clerical and sales occupations
3	Service occupations
4	Farming, fishery, forestry, and related occupations
5	Processing occupations
6	Machine trades occupations
7	Bench work occupations
8	Structural work occupations
9	Miscellaneous occupations

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[15] *DOT*, Vol. I, p. xvii.

Within each Category, jobs are grouped and coded by the Division and Group to which they belong, according to the sum of their tasks.

The present occupational arrangement employed in the DOT does not allow for the accurate coding of many paraprofessional human service jobs. Although Professional, Technical, and Managerial Occupations would appear to be the appropriate Category for some of these occupations, it is restricted by definition to jobs requiring posthigh school classroom training. According to the DOT, this Category "includes occupations concerned with the theoretical or practical aspects of such fields of human endeavor as art, sciences, engineering, education, law, business relations, and administrative, managerial and technical work." However, the statement is followed by this qualification: "Most of these occupations require substantial educational preparation (usually at the university, junior college or technical institute level)."[16] Thus, for all practical purposes, nondegreed jobs are excluded.

Project staff studied a number of paraprofessional jobs which require minimal schooling but are nonetheless involved in the activities of Groups within the Category of Professional, Technical and Managerial Occupations. As the description of tasks illustrates, the jobs of Homemaker, Homemaker Aide, and Parent-Worker are "concerned with rendering assistance to individuals and groups with problems such as poverty, illness, family maladjustment, anti-social behavior, limited recreation opportunities and inadequate housing,"[17] which is the DOT definition of Group 195, Occupations in Social and Welfare Work. Child-care jobs, such as Teacher Aide (see Appendix F) would also seem to belong to this Category, since "teaching non-specialized subject matter below the secondary level" describes both the activities of the job and of Group 192, Occupations in Primary and Kindergarten Education.

No Category in the occupational arrangement seems more appropriate for these types of women's work. But instead the few subprofessional, People-oriented women's jobs appearing in the DOT are now assigned to Service Occupations, a Category that has primarily to do with accommodating and protecting persons and animals. There one can find the jobs of HOMEMAKER and NURSERY SCHOOL TEACHER placed in the Groups Domestic Maids and Miscellaneous Personal Services, respectively, even though the activities of these jobs do not correspond to the Group definitions.

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[16] DOT, Vol. II, p. 33.

[17] DOT, Vol. II, p. 53.

Alternatives to Expedience: Breaking With Tradition

The sum of the preceding problems makes it a challenge to apply DOT job analysis theory to women's work. But even in its present state, DOT theory has the capability to depict women's work with far greater precision and accuracy than is signified by the .878 skill code, sketchy job definitions, and wholesale relegation to an occupational category tacitly reserved for menial service jobs. And yet, as the data bank shows for the third edition of the DOT, the attempts of Field Center analysts to use this capability have met with defeat. A whole range of skill complexity codes assigned to women's work--.474 for MAID, .377 for CHILD CARE ATTENDANT, .677 for NURSERY SCHOOL TEACHER--have been reduced, edited, and otherwise concealed for official publication as worthy of no more than an .878.

Above and beyond flaws in DOT job analysis theory, there is a deeply ingrained attitude toward women's work that permits Division officials to condone its treatment in the DOT and to dismiss the call for improving DOT theory when it is based on the argument that it is inadequate for the task of describing paid derivatives of homemaking and mothering. Under the circumstances, project analysts were requested to prepare and defend an ever-increasing amount of documentation for each job analysis schedule that presented a case for publishing a skill-complexity code that deviated--sometimes radically--from the standard .878 rating assigned to women's work. The following project schedule for Home Health Aide illustrates not only the capability of DOT job analysis theory, but to what lengths project staff had to go to satisfy Field Center reviewers that traditional assumptions about the nature of a nondegreed job associated with women are erroneous.

CODE 354.354

DOT TITLE

wTA GROUP p. 479-Child and Adult Care

DOT DEFINITION

1. DOT TITLE AND CODE: 354.354

2. PLANT TITLE: Home Health Aide 3.

4.

5. JOB DEFINITION: Performs in-home personal care services, including nonprofessional nursing tasks, under the supervision of a professional nurse to provide for the physical and emotional comfort of convalescent or chronically ill patients and to promote independence for the purpose of preventing or postponing institutionalization: Oversees patients' adherence to medical regime by administering medications as directed, preparing nutritious meals and special diets, and assisting patients to perform activities including ambulation and specified physical therapy exercises. Gives baths, applies liniments, changes linens and maintains cleanliness of patients' hair, mouth, teeth and nails. Administers enemas, douches and tube feedings; changes simple sterile dressings and tests urine samples as directed by professional nurse. Irrigates and removes catheters, suctions tracheotomy tubes and performs colostomy irrigations as trained and instructed by professional nurse. Persuades and encourages patients to cooperate with nursing care plan and to attempt activities to foster independence within limits as defined by professional and medical professional and medical personnel. Listens to patients and provides reassurance and simple diversions, such as reading materials, to counter problems of loneliness, fear, anxiety, and depression. Performs light housekeeping tasks. Maintains patient records as instructed, noting items such as pulse, temperature and elimination activities. Watches for and reports specified signs and symptoms and other significant changes in patients' physical and mental condition. Confers with supervising nurse to file periodic reports of patients' progress.

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Estab. & Sched. No.

6. RATINGS

GED 1 2 3 (4) 5 6

SVP 1 2 3 4 5 (6) 7 8 9

Aptitudes	G	V	N	S	P	Q	K	F	M	E	C
	3	3	3	4	4	3	3	3	3	4	4

Temperaments D F (I)(J) M (P) R S T V

Interests 1a 1b (2a) 2b 3a 3b (4a) 4b 5a 5b

Phys. Demands S L (M) H V 2 (3)(4)(5)(6)

Environ. Cond. (I) O B 2 3 4 5 (6)(7)

WORKER FUNCTIONS:

(D)	(P)	(T)
3	5	4

WORK FIELD (S) 294-Health-Caring; 146-Cooking-Food Preparing; 031-Cleaning

M.P.S.M.S.: 937-Public Health Services

U. S. Department of Labor
Manpower Administration
(Wisconsin O.A.F.C.)

OMB 44-R0722

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JOB ANALYSIS SCHEDULE

1. Estab. Job Title HOME HEALTH AIDE (see #17: General Comments, Item 1)
2. Ind. Assign. DOT Research Project
3. SIC Code(s) and Title(s) 8099-Health and Allied Services, Not Elsewhere Classified

Code 354.354

WTA Group p. 479-Child and Adult Care (see #17: General Comments, Item 2)

DOT Title

Ind. Desig.

4. JOB SUMMARY:

Performs in-home personal care services, including nonprofessional nursing tasks, under the supervision of a professional nurse to provide for the physical and emotional comfort of convalescent or chronically ill patients and to promote independence for the purpose of preventing or postponing institutionalization.

5. WORK PERFORMED RATINGS:

Worker Functions (See #17: General Comments, Item 3)

(D) Data	(P) People	(T) Things
3	5	4

Work Field 294-Healing-Caring; 146-Cooking-Food Preparing; 031-Cleaning

M.P.S.M.S. 937-Public Health Services

6. WORKER TRAITS RATINGS:

GED 1 2 3 (4) 5 6 (see #17: General Comments, Item 5)

SVP 1 2 3 4 5 (6) 7 8 9

Aptitudes G 3 V 3 N 3 S 4 P 4 Q 3 K 3 F 3 M 3 E 4 C 4

Temperaments D F (I) (J) M (P) R S T V

Interests 1a 1b (2a) 2b 3a 3b (4a) 4b 5a 5b

Phys. Demands S L (M) H V 2 (3) (4) (5) (6)

Environ. Cond. (I) O B 2 3 4 5 (6) (7)

MA 7-36

7. General Education

a. Elementary 8 High School 4 Courses general curriculum

b. College none Courses

8. Vocational Preparation

a. College none Courses none

b. Vocational Education 12 wks. Courses Nurse's aide training, which is a combination of classroom and practical training offered by most hospitals and lasting about 12 weeks.

c. Apprenticeship none

d. Inplant Training classes (3 hours) once a month in subjects such as care of the diabetic, sexuality of the patient, sickle cell anemia, death and the dying.

e. On-the-Job Training 3 months

f. Performance on Other Jobs see 9.

9. Experience 1 year as an aide caring for patients in a nursing home, psychiatric or general hospital or another health care institution.

10. Orientation 1 week

11. Licenses, etc. none

12. Relation to Other Jobs and Workers

Promotion: From entry level To none

Transfers: From No formal line of transfer To

Supervision Received Nurse Supervisor

Supervision Given none

13. Machines, Tools, Equipment, and Work Aids (see #17 General Comments, Item 8)

alcohol
automobile
basin
bathtub
catheters
city map
colostomy bags
compresses
cotton balls
douche units
dressings
enemas
hand utensils, such as knives, forks, spoons,
measuring cups
household equipment including vacuum cleaners, mops, brooms, washing machines, pots, pans, blenders, mixers, refrigerators, ranges, ironing boards, irons
hydraulic lift
irrigation sets
liniments
nail clipper and file
pads
pen, pencil
pillows

14. Materials and Products

Performs in-home personal care services, including nonprofessional nursing tasks, under the supervision of a professional nurse to provide for the physical and emotional comfort of convalescent or chronically ill patients and to promote independence for the purpose of preventing or postponing institutionalization.

Sheet 2 of 16

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15. Description of Tasks: (see #17, General Comments, Item 6)

Performs in-home personal care services, including nonprofessional nursing tasks, under the supervision of a professional nurse to provide for the physical and emotional comfort of convalescent or chronically ill patients and to promote independence for the purpose of preventing or postponing institutionalization.

1.) Studies assignment: Reads supervising nurse's care plan to inform self of patients' problems and types of services required. Considers factors such as nature, extent, history and prognosis of illness or disability. Confers with Nurse Supervisor to receive additional data omitted on plan, but critical to performance, such as size of patient family, general living conditions, and serious behavioral problems. (5%)

2.) Makes patients' acquaintance: Visits patients' homes unescorted or in the company of Nurse Supervisor, meets patients, and explains home health aide services. Initiates and encourages conversation to establish working relationship and to gain confidence of patients. Observes patients' appearance and reactions to adjust approach to conform to various physical conditions, mental limitations and emotional states. Questions patients concerning hobbies or interests to determine methods of stimulating mental activity and eliciting positive response to prescribed home health aide care. (10%)

3.) Oversees patients' adherence to prescribed medical regime: Counts or measures oral medications according to specified dosage and administers them to patients at proper intervals as directed by Nurse Supervisor. Selects, measures, combines and cooks foods according to recipe to prepare nutritious meals including prescribed special diets, such as diabetic, low fat or salt free. Feeds or assists patients to eat meals. Supervises and monitors patients' rest and activity periods in conformance with medical orders. Directs, encourages and assists patients to perform simple exercises as instructed by physical therapist to develop or restore muscle functions. Turns bedridden patients with limited movement and protects skin with lubricants and powders to prevent or relieve decubitus ulcers (bed sores). Applies hot soaks and nonmedical preparations and treatments, such as liniments or alcohol rubs and heat-lamp stimulation. (15%)

4.) Performs routine personal care and nonprofessional nursing tasks: Changes soiled bed linens, administers tub or bed baths, and assists in the care of hair, skin, nails, teeth and mouth to maintain personal cleanliness of patient. Helps ambulatory patients to bathroom or positions bedpan for bedridden patient to facilitate elimination. Performs or aids patient to perform dressing and undressing tasks. Guides and steadies patients with ambulation and getting in and out of bed, chairs, lifts and walkers. Prepares and administers enemas, douches, insulin injections and tube feedings under the direction of Nurse Supervisor. Irrigates and removes catheters (see Exhibit A), suctions tracheotomy tubes, and performs colostomy irrigations (see Exhibit B), as trained and instructed by Nurse Supervisor. Changes simple sterile dressings, using sterile instruments and applications to keep area around wound clean and free from contamination following Nurse Supervisor's instructions. Tests urine at Nurse Supervisor's request to determine sugar and albumen content and presence of acetone bodies by adding specific reagents to samples and noting changes in color. (25%)

15. Description of Tasks (continued)

5.) Promotes patients' recovery or improvement: Employs devices such as banter and cajolery to persuade antagonistic or unresponsive patients to cooperate with plan of medical care. Listens and responds to patients with expressions of general interest and reassurance to counter problems of loneliness, depression, anxiety, and fear. Suggests and assembles materials for activities, including reading, games, and crafts, to divert patient. Selects and articulates words to assist aphasic patients to relearn speech under the direction of speech therapist. (See Exhibit C, an excerpt from this establishment's Home Health Aide handbook which every worker receives upon being hired.) Devises ways to stimulate patients' interest and boost morale, such as urging and helping patients to try new hairstyles and cosmetics or preparing and serving eye-appealing meals. Informs patients of medically prescribed and proscribed activities and encourages and assists patients to attempt personal care and household tasks to foster independence within limits as defined by professional medical personnel. Praises patients' attempts to perform prescribed activities. Solicits cooperation and understanding of patients' families to promote welfare of patients. (15%)

6.) Monitors and reports patients' conditions: Takes temperature, pulse and blood pressure when directed. Maintains patient records as instructed, noting items such as temperature, pulse, dietary and fluid intake, sleep, medications, and elimination activities. Watches for specified symptoms and signs, such as source, color and types of discharges, and other significant changes in patient's physical and mental condition

continued on supplemental sheet, Item 6

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16. Definition of Terms

None

17. General Comments

1.) 1. Establishment Job Title: The title Home Health Aide appears in the third edition of the DOT, Vol. I, as an alternate to HOME ATTENDANT 354.878. Howevery, because of federal legislation passed between 1962 and 1967, the nature of this job has changed sufficiently to warrant a new, updated description and code.

Whereas HOME ATTENDANT (or Home Health Aide) might once have referred to a worker who acted primarily as a companion serving at the wish of the elderly, handicapped or convalescent, it now describes a trained paraprofessional

--continued on Supplemental Sheet--

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18. Analyst Mary Witt Date 9/73 Editor ____________ Date ________

Reviewed By ______________________ Title, Org. ______________________

National Office Reviewer ______________________________________

Sheet 3 of 16

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SUPPLEMENTAL SHEET

Item

#17. General Comments - continued

functioning as part of a medical team implementing a health care plan. The evolution of job tasks to the point where it must be stated that they have a therapeutic value or purpose and that they can be performed only under the supervision of a professional nurse is the result of the gradual and continuing socialization of medicine that has occurred in this country since World War II. The problem of what to do with the elderly, the disabled and the blind seems to have given rise to this trend of government intervention.

Prior to the 1960's, HOME ATTENDANT work as defined in the DOT bore a great many similarities to the duties of Homemaker, a paraprofessional job found in social service agencies. Although personal care by the Homemaker was not considered an appropriate activity in 1959, some agencies were providing this service, states an HEW report of a Pittsburgh Workshop held in 1968 to study the Homemaker-Home Health Aide in Health Services. A National Conference on Personal Care in 1960 brought together representatives of national professional and practical nurse organizations and other health groups for the purpose of developing in-home paraprofessional health care guidelines pertaining to training, supervision and responsibilities.

Between 1962 and 1967, many community health projects were funded under PL 87-395, the Community Health Services and Facilities Act, to test further the feasibility of training women to provide personal care under public health nursing supervision.

The reason for this sudden burgeoning of community health projects was the simultaneous surfacing of several developments or problems which together seemed to call for action on the part of the federal government. For one thing, the elderly in particular were becoming the subject of concern in a nation characterized by mobility and youth. Instead of living under one roof, on the same land, or even in the same community, generations of the same family had become physically isolated from one another, as the young moved off in search of opportunity.

An acceptable alternative to taking in mom and dad when they could no longer care for themselves was to have them institutionalized. However, this was becoming an increasingly costly solution and many of those old age, senior citizen, rest, etc. homes that were inexpensive were providing the material for newspaper exposés, so scandalous were the conditions.

At the same time, there appeared to be a health crisis on the horizon in the early sixties in the form of an impending shortage of doctors. Whether real or imagined, the predicted shortage caused professionals to begin talking about training paraprofessionals to share some of the load.

In 1962, Congress passed the so-called "service" amendments to the Social Security Act which gave 75-25 matching funds for Public Welfare administered Homemaker Services. Thus, even though it was via the Homemaker, the door was opened to the vast community of homebound elderly. And anyway, it was the public health agency under various project grants that was training the person to provide those paraprofessional medical services--namely, the Home Health Aide.

Then with Medicare and Medicaid, and subsequent interpretations, rulings and restrictions as they applied to the reimbursement for in-home care, the Home Health Attendant came into her own. The difference between the jobs of Homemaker and Home Health Aide became as distinct and unmistakable as the differences between the agencies they served. Homemakers were and are employed by social service agencies, while Home Health Aides staff public or private health care operations. Both are trained paraprofessionals, but the former works primarily with AFDC clients to teach homemaking skills, while the latter cares not for clients, but patients - convalescent or chronically ill persons who would require institutionalization without someone to perform tasks that are essential to that person's physical and emotional well-being. Home Health Aides have housekeeping responsibilities, but only as they relate to maintaining a safe, clean environment for the patient and never as the sole reason for making a home visit.

In fact, public and private health agencies seeking federal reimbursement for home health aide services rendered to Medicare and Medicaid recipients must be able to prove to examiners via medical records that in each case a Home Health Aide is absolutely justified by sufficiently debilitating physical illnesses or handicaps.

Since the vast majority of these agencies' home care business is done with Medicare and Medicaid recipients, the Home Health Aide for monetary reasons has become an official member of the health care team. If a paraprofessional can be trained to do the job, the government would far rather pay her rates than those charged by the professional.

It appears that the Home Health Aide as defined in this job analysis schedule is here to stay. By April 1, 1974, all state agencies must be able to provide paraprofessional home care to the aged, blind and disabled according to recent changes made in the Social Security Act.

This brings up yet another point in this lengthy comment regarding the Establishment Job Title.

The job analyst must study thoroughly any job that purports to be a Home Health Aide. The title, which is used time and again in federal legislation, is presently being abused by many proprietary health care agencies that have sprung up overnight to get a piece of the Medicare and Medicaid pie and to cash in on the crushing demand for home health care.

There is a movement afoot to license these agencies, but until such a plan is implemented and enforced nationwide, they will operate as they please, with or without professional medical personnel on their staffs, with or without training, with or without supervisors to monitor activities in the home.

I visited a branch of one of the nation's biggest, if not the largest, proprietary health care chains with the intention of doing a full job analysis study. I spent about 4 hours interviewing the manager, another 3 hours with his placement people, 5 hours talking to "Home Health Aides" and an afternoon watching a training session that appeared to have been staged for my benefit. The staffing chart turned out to be a figment of someone's imagination with no professional medical personnel occupying the slots set aside for them; thus the training was a fraud and the monitoring of the worker's performance in the patient's home nonexistent. Most of the "Home Health Aides," who together appeared to be a down-and-out group, had to be told how to take a pulse during this "monthly" training session. I learned from the Placement Director that the firm requires no prior experience in any form of health care work or study and that the annual turnover rate exceeds 50 percent. (They can't figure out why.) In a small log that I was allowed to study, alcoholism, unreliability and stealing were frequently listed as reasons for releasing a worker.

The list continued of what would constitute violations and mismanagement in a public health agency or a good proprietary operation. But perhaps even more dismaying were the state consultants and public health professionals contacted afterwards who maintained that there are many operations like this one and that until proprietary agencies come under strict regulation, they will continue to flourish.

#17. General Comments - continued

Suffice it to say, I did not prepare an analysis of that agency's "Home Health Aide." Such workers functioning without training, without medical direction and training, and without knowledge of simple practical nursing techniques and procedures are not by any stretch of the imagination Home Health Aides. Nor should these jobs posing as Home Health Aide work be allowed to interfere with the real Home Health Aide.

For a recommendation concerning the disposition of Home Health Aide in the fourth edition of the DOT, see Items 4 and 6 in this section.

2.) WTA Group: It is recommended that this job be included in the WTA Group, Child and Adult Care. This Group has been a central concern of the DOT Research Project from the outset, since all of the jobs--most of which are performed by women working in private households--have been assigned a worker functions code of .878, a low SVP, and a GED rating of 3. All of this serves to tell the user of the DOT that derivatives of homemaking and some paraprofessional medical services jobs (like this one) are identical in their notable lack of demands, in terms of both preparation and actual responsibilities. Project studies of homemaking, child care (including foster parent), home health aide work and hospital food service work (TRAYLINE WORKER belongs to this WTA Group) strongly suggest that Child and Adult Care is a small dumping ground for jobs that are indeed difficult to analyze since they do not fit the manufacturing orientation of the Field Center operation. Perhaps they have also been deemed unimportant or insignificant by reason of their sex-linked character. At any rate, had the jobs been properly analyzed, there would have been other ratings besides .878, even in the third edition of the DOT.

The addition of Home Health Aide will introduce the code of .354, and a GED of 4, and an SVP of 6 to this area of the world of work. The extent of the .878-association--or the stigma such jobs bear can be measured by the resistance this recommendation encounters.

3.) 5. People Function: The selection of Persuading to describe the demands of the job of Home Health Aide with regard to People may be somewhat controversial because of the selling orientation of this function's benchmarks (see p. 78, Handbook for Analyzing Jobs). But "encouraging," "gaining the confidence," "urging," "soliciting cooperation," "coaxing," "promoting" and similar actions required by this job are components of Persuading as it is defined in the Handbook, namely, "influencing others in favor of a product, service or point of view."

Once again, as happens so often in benchmarks throughout the Handbook, examples from the medical (and social) services are missing, leaving whole facets of a function, work field, aptitude, etc., unexplored. In the case of Persuading, there is nothing that illustrates "selling" a point of view without a dollar sign attached to it. This extremely narrow and materialistic concept of Persuading carries through to the WTA Groups, which number seven as follows: Selling and Related Work, Demonstration and Sales Work, Sales Engineering, Purchase and Sales Work, and Decorating and Art Work.

Subtly locked into this frame of mind, the analyst is deprived of a way to express the interpersonal relationships occurring in the medical services. One has essentially two choices at the opposite ends of the spectrum: Mentoring (0) or Serving (7). Neither describes the People function occurring in Home Health Aide work; that is, the manipulation of patients who because of age (as noted in Item 1 of this section, the vast majority are over 65 years old) and/or physical and mental disorders present behavioral problems. While the professional nurse determines the nature of the personal care tasks, it is up to the Home Health Aide to possess and be able to exercise the power of persuasion to enlist the cooperation of the patient in the implementation of a health care plan which includes the promotion of independence. It is most definitely a two-way street: the patient is dependent on the Home Health Aide who spends more time in the home than any other member of the medical team, and the Home Health Aide is dependent on the patient's cooperation to make the plan succeed and to protect her own position.

4.) Industry Designation: It is recommended that this job be placed in the industry, Medical Services with the base title of Home Health Aide II (see Item 5 in this section). At the same time, it is recommended that the entry HOME ATTENDANT be added to the entry, MAID, GENERAL as an undefined related title in the forthcoming edition of the DOT.

5.) 6. GED: As this establishment recognizes by its general education requirements (see Item 7), it is absolutely essential that the Home Health Aide be literate in order to read special diet specifications, physician's orders, classroom materials, etc., and to prepare simple reports. But this hardly begins to describe the reasoning and language development required for the Home Health Aide to provide for not only the physical, but the emotional comfort of patients suffering from quite a variety of health problems.

On page 213 of the Handbook, the job of "caring for patients in private homes, hospitals, sanitariums and similar institutions" is listed as the last in a series of job-worker situations illustrating the GED level of 3. With regard to reasoning, this level is defined as the ability to "apply common sense understanding to carry out instructions furnished in written, oral or diagrammatic form. Deal with problems involving several concrete variables in or from standardized situations."

Noting the Handbook's benchmarks, the analyst reviewing this schedule has stated that this job of Home Health Aide should receive a GED of 3--"probably a high 3."

I am taking issue with that evaluation and maintaining that the job requires a GED of 4 on the basis that the Home Health Aide as stated in Item 3 (People function) of this section receives no instructions as to how to "encourage," "gain the confidence," "urge," "coax," "promote," "solicit the cooperation"--in other words, persuade the patient to cooperate with the nursing plan.

This is more than "getting along" with People. It must be remembered that the Home Health Aide is with that patient more than any other member of the medical team, performing personal care tasks that require an ability to deal professionally with bodily functions and the impact such dependency and deterioration makes on the patient's psyche.

While the Home Health Aide is working "under the supervision of a professional nurse," that nurse is not in the next room, down the hall or even under the same roof. She is literally miles away, accessible only by telephone and then not for "every little thing." As the worker well knows, she is being paid to exercise an extraordinary kind of judgment, the kind that enables her to function as part of a medical team, knowing when she can overstep her bounds and when she can't.

Furthermore, the Home Health Aide has a caseload which means that she sees 2 to 4 patients daily. Therefore, she must be able to "shift gears" to deal with many problems and personalities.

The wording of that benchmark used to illustrate GED 3 leaves much to be desired, considering the wide range of environments included (obviously the worker is making more judgments working alone in a private home) and the use of the words "cares for." What does it mean to "care for" people? There is no such level in the People hierarchy. Does it always make the same demands of a worker? And can these demands as they pertain to reasoning be summed up as nothing more than employing "common sense"?

And what is "common sense" as opposed to uncommon sense? Is it something people--all people are born with? Is it all that is required to earn one's salary as a Foster Mother, a Home Health Aide, a Homemaker, a Nursery School Teacher, as the DOT would have us believe?

Sheet 5 of 16

Estab. & Sched. No. 542-0035-1554-1

#17. General Comments - continued

6.) 15. Description of Tasks: number 6.) continued--

and reports them to supervisor, doctor, or emergency squad personnel, depending on gravity. Confers with Nurse Supervisor to file periodic routine reports of patient's progress and to recommend changes in nursing care plan, documenting judgments with descriptions of patients' overt behavior and problems. (15%)

7.) Maintains safe, clean environment: Cleans and straightens patient's quarters, using equipment available, such as mops, brooms, vacuum cleaners, cleansers, and dustcloths to maintain safe, orderly environment. Sorts, launders and irons linens and apparel. Shops for groceries and other items for patient as authorized by Nurse Supervisor. Innovates when necessary by finding new uses for household equipment to compensate for inadequate possessions. (15%)

* * * * *

As stated in Item 4 of this section, it is recommended that this entry bear the title Home Health Aide II in the next edition of the DOT. The reason is that the duties of a Home Health Aide are determined by state nursing associations and reflected in their codes--both written and unwritten--which in some states are more liberal than others. This type of Home Health Aide is the more advanced of the two. This job is making inroads and will continue to do so owing to the health care demand and the trend toward upgrading duties of all nursing jobs so that the worker is fully utilizing her education. The difference between Home Health Aide I and Home Health Aide II is that the former does not perform the following tasks which are found in the attached job description:

1.) Administering hypodermic injections (primarily insulin)
2.) Testing urine samples
3.) Giving tube feedings
4.) Irrigating and removing catheters
5.) Suctioning of tracheotomy tubes
6.) Changing sterile dressings
7.) Administering enemas and douches
8.) Colostomy care

7.) Physical Demands, continued

5. Talking and listening to patients critical to establishing rapport; imparting directions concerning proscribed and prescribed activities; determining the quality (faint, spasmodic, severe, continuous, etc.) and location of pain; dealing with anxiety, apathy and depression; helping an aphasic patient relearn speech (see Exhibit C taken from this establishment's Handbook which is given to all Home Health Aides and serves as the basis for inplant training); learning patient's preferences, and responding to calls for help from the patient when in another room, as well as seeking assistance by telephone for emergency squad, doctor or nurse. Worker also hears and responds to telephone.

6. Near acuity used to read the thermometer, medication specifications, recipes, nursing care plan and home health aide education materials. Near acuity also employed to examine patient and discharges more closely when behavior or changes in physical condition suggest the need for professional medical attention. See Exhibit D for examples of close scrutiny of patient. This material was also taken directly from the Handbook. Note, too, the importance of hearing, the ability to distinguish between normal and abnormal sounds.

Near acuity is rated critical since without it, the worker could neglect to observe important symptoms of developing critical conditions. As stated on page 3 of Exhibit D, "[the Home Health Aide] needs to look below the surface. Perhaps the patient will not complain at all. Or he may complain all the time. It's up to [the Aide] to keep [her] eyes and ears open."

Depth perception critical to safely lowering patients onto chairs and bathtubs and onto beds and commodes.

Color vision used to evaluate quality, freshness, and doneness of foods. But more importantly and critically, color vision is employed when examining patient and discharges to determine the need for professional attention. See Exhibit D for examples. Color vision also employed when testing urine samples.

Note: As stated in Exhibit D, page 1, worker relies on sense of smell to detect specified signs and symptoms denoting a physical problem.

8.) 13. Machines, Tools, Equipment and Work Aids, continued

printed materials, such as manuals, care plans, report forms
recipes
rubber gloves
scissors
shampoo
telephone
thermometer
tracheotomy tubes
towel
toothbrush
toothpaste
urine collection bag
walker
wheelchair

*Physical demands vary depending on the size, mobility and physical and mental disorders of the patients. Therefore, ratings represent a composite analysis reflecting no one particular case, but the most noteworthy demands encountered when dealing with a cross section of cases.

44-R0722

U. S. DEPARTMENT OF LABOR
MANPOWER ADMINISTRATION
(Wisconsin O.A.F.C.)

Sheet 6 of 16

Physical Demands and Environmental Conditions

ESTAB. JOB TITLE Home Health Aide ESTAB. & SCHED. NO. 542-0035-1554-1

DOT TITLE AND CODE 354.354

PHYSICAL DEMANDS

1. STRENGTH

a. Standing 20 %
Walking 65 %
Sitting 15 %

b.

		Weight
Lifting	F	1-100
Carrying	F	1-100
Pushing	F	10-250
Pulling	F	10-250

2.	CLIMBING	O
	BALANCING	NP
3.	STOOPING	F
	KNEELING	O
	CROUCHING	O
	CRAWLING	NP
4.	REACHING	C
	HANDLING	C
	FINGERING	O
	FEELING	O
5.	TALKING	
	Ordinary	F
	Other	NP
	HEARING	
	Ordinary Conversation	C
	Other Sounds	F
6.	SEEING	
	Acuity, Near	O
	Acuity, Far	NP
	Depth Perception	F
	Accommodation	NP
	Color Vision	F
	Field of Vision	NP

COMMENTS*

1b. Worker must occasionally lift and support 50 to 100 pounds (plus) when assisting a patient to walk from bed to bathroom, etc. Weight depends on mobility of patient and how much assistance he can contribute to ambulation. Worker frequently lifts and carries (or supports) patient's limbs during physical therapy exercises, bathing; household equipment, such as vacuum cleaners, ironing boards; and foodstuffs weighing 5 to 20 pounds. Worker exerts 5 to 35 pounds of force pushing and pulling items such as wheelchairs, vacuum cleaners, mops, and immobilized patients who must be repositioned during the bedmaking process.

2. Worker occasionally climbs stairs to gain access to client's living quarters.

3. Stooping involved in routine housecleaning but becomes critical as it pertains to lifting and/or repositioning of patients. Worker is taught to observe body mechanics, but back sprains are the most commonly sustained injuries owing to unwieldy, collapsible patients. Rated critical. Kneeling is present in cleaning under beds and couches. Worker crouches to reach low storage areas and to strengthen stance when transferring patient from bed to chair, etc.

4. Worker constantly reaching for and handling household equipment, utensils, foodstuffs, linens, bedpans, patient's limbs. Fingering employed to dress patients (buttoning, tying laces, putting on socks) and to dislodge fecal impactions when procedure is authorized by professional nurse. Also see Exhibits A and B for illustrations of reaching, handling and fingering. (continued in #17)

RATINGS: P.D.: S L (M) H VH 2 (3) (4) (5) (6) General Comments, Item 7)

Analyst Mary Witt Date 9/73 Estab. Reviewer

E. S. Reviewer I. Gagainis Date 9/73 Title Date

MA 7-35

*Environmental conditions vary depending on the state of each patient and his or her home. Therefore, ratings represent a composite analysis reflecting no one particular case, but the most noteworthy conditions encountered when dealing with a cross section of cases.

ENVIRONMENTAL CONDITIONS	
1. ENVIRONMENT Inside 90 % Outside 10 %	
2. EXTREME COLD WITH OR WITHOUT TEMPERATURE CHANGES	NP
3. EXTREME HEAT WITH OR WITHOUT TEMPERATURE CHANGES	O
4. WET AND/OR HUMID	F
5. NOISE Estimated maximum number of decibels O	75
VIBRATION	NP
6. HAZARDS	
Mechanical	O
Electrical	O
Burns	O
Explosives	NP
Radiant Energy	NP
Other	F
7. ATMOSPHERIC CONDITIONS	
Fumes	O
Odors	F
Dusts	O
Mists	O
Gases	O
Poor Ventilation	O
Other	O

COMMENTS*

3. Worker encounters heat causing bodily discomfort when using oven or tending boiling foods in the process of preparing meals.

4. Worker's hands make contact with water to shampoo patient's hair, administer douches and enemas, give baths, prepare meals, wash dishes, equipment, and clothes, perform oral hygiene tasks, give colostomy care. Worker routinely washes hands before and after working with patient. Worker also has contact with alcohol, camphor, liniments. Use of rubber gloves offsets hazard.

5. Vacuum cleaners, mixers, blenders generate 85 dbs. prohibiting conversation at normal volume.

6. Moving parts of blenders, mixers, washing machine pose mechanical hazards. Worker subject to shock hazard when connecting or disconnecting appliances and equipment. Burn hazard present in proportion to working around hot pots, pans, ovens. Other hazards include sharp cutlery, loose stairs, slippery floors, vicious dogs (either neighborhood or family pets), the possibility of contracting a variety of communicable diseases and the danger of straining muscles when helping unwieldy patients with ambulation and in and out of bathtubs. Critical.

7. Gas-powered kitchen equipment poses gas and fume hazard. Some homes poorly ventilated. Dust encountered when cleaning. Worker exposed to harmless mists when tending boiling foods. Sickroom odors vary in degree depending on condition and hygiene of patient. Worker also exposed to odor of food. "Other" consists of possibility of contracting a variety of communicable diseases via atmosphere. Could be injurious to worker's health.

RATINGS: E.C.: (I) O B 2 3 4 5 (6) (7)

PROTECTIVE CLOTHING OR PERSONAL DEVICES

White uniform
Home Health Aide badge
Name pin
Closed, low-heeled, leather shoes
Rubber gloves

EXHIBIT A

CATHETERIZATION OF MALE PATIENT

Equipment

1. Sterile Disposable Cath. Tray
2. Sterile Catheter (Retention) usually ranging from No. 16 - 26 if Catheter is to be kept in place in the Bladder for a period of time
3. Disposable drainage tubing and drainage bottle if indwelling catheter

Procedure

1. Wash hands.
2. Drape patient.
3. Uncover sterile tray.
4. Put on sterile gloves.
5. Grasp the penis with left hand, pull back the foreskin on the penis and hold it back.
6. Using cotton balls soaked with cleansing solution, cleanse the end of the penis well. Repeat this step several times.
7. Reach for catheter and grasp it at least 8 inches from the tip.
8. Dip the tip of the catheter into the lubricant.
9. Hold the penis erect while inserting the catheter (this position straightens out the urethra).
10. Use gentle but steady pressure to insert the catheter.
11. Insert the catheter until urine begins to flow (usually 7-8 inches).
12. If it is an indwelling catheter, inflate the balloon in Foley Catheter.
13. Attach catheter to tubing and drainage bag.
14. Pull foreskin back over tip of the penis (if foreskin remains behind the top of the penis, it will cut off the blood supply to the penis and swelling will occur. If this swelling is not observed and relieved, gangrene of the penis will occur).

EXHIBIT B*

PROCEDURE FOR COLOSTOMY IRRIGATE

PURPOSE: To cleanse bowel by introducing fluid into the colostomy opening and allowing the fluid to return through the drainage unit.

EQUIPMENT:

1. 2 Quart can; glass connector, colostomy irrigator tubing; catheter size 18, 20, or 22; clamp or disposable setup if available
2. Solutions and amount prescribed by physician
3. Vaseline or jelly
4. Kleenex, soft toilet tissue or cotton balls
5. Paper bag or newspaper for soiled dressing
6. Hook or nail in wall on which to hang can of solution
7. Clean dressing to apply following irrigation
8. Irrigation drainage bag

WHERE SUPPLIES-EQUIPMENT CAN BE OBTAINED:

1. Surgical supply store
2. Or a plastic pitcher and nipple from baby bottle may be improvised

PROCEDURE	POINTS TO REMEMBER
1. Irrigate while seated on toilet seat or on a short stool facing the open toilet bowl.	
2. Arrange articles needed on something convenient to reach.	Some use a card table set up before them; others prefer a tray set on a chair or orange crate.
3. Assemble irrigating equipment; attach tubing to can; close clamp, attach glass connector and catheter.	
4. Fill the can with warm solution.	Test solution for warmth on inner aspect of arm.
5. Hang can on hook.	It should be 18-24" above colostomy opening.

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*Reprinted verbatim from Handbook for Home Health Aides (St. Louis, Missouri: Cardinal Ritter Institute, 1968).

PROCEDURE	POINTS TO REMEMBER
6. Sit on toilet; remove soiled dressings; clean gently around opening with soft tissue which can be discarded into toilet.	It may be necessary to cleanse with cotton, warm water and mild soap occasionally.
7. Lubricate catheter tip, allow small amount of solution to run through tubing to remove air, clamp off flow.	
8. Insert catheter 4 to 6" deep through opening in irrigator cup; insert gently into colostomy opening. Hold cup firmly against abdomen. Allow drainage unit to hang between the legs into toilet.	Never force tube into opening.
9. Release clamp, allow solution to enter colon. Tighten clamp allowing solution to return through drainage unit into toilet.	The amount of solution may vary. Use enough solution so that drainage does not occur between daily irrigations. This can be determined after performing the treatment several times. Check with doctor regarding amount of solution. If you need to refill can during an irrigation do so while waiting for return flow of solution.
10. Wait for about an hour for return of solution and stool.	The reason for a waiting period following irrigations is to assure patient that all drainage has ceased.
11. Cleanse around opening again, as you did before starting irrigation. When skin is clean and thoroughly dry apply the clean dressing or colostomy bag.	
12. If patient is confined to bed the irrigating set may be hung over the head of the bed. Most irrigating sets have a long drainage unit for this purpose, which will direct return solution into a pail or large basin on the floor.	A floor lamp or bridge lamp may serve the purpose. The patient will find it helpful to lie on your side as near the edge of the bed as possible. Floor may be protected by newspaper. A generous thickness of newspaper covered by a bath towel or clean cloth will protect bed.

EXHIBIT C

6. The Therapies and You . . .[*]

* * * * *

Speech therapy is directed toward helping people regain the power of speech. It is a complicated area. Most of your concern with it will be as you work with stroke patients who have aphasia.

Aphasia means loss of language--because of brain injury. Notice we say loss of language--not just speech. An aphasic patient may have lost the power to read (even though he can see), to understand speech, to talk, to write, to gesture . . . all those activities we use in communicating with each other . . . which in a sense are language.

Aphasia is always the result of brain injury. It could be caused by an accident like a blow on the head, but mostly it is caused by a stroke or cerebral vascular accident (C.V.A.). This means an injury to part of the brain by blood clotting; a hemorrhage; a tumor; or a spasm. Depending on the place and extent of the brain damage the patient will have different degrees of aphasia.

The aphasic patient may find it hard to make his thoughts known to you either in speaking or writing. He may no longer know words--or be able to write.

You will notice that he has trouble using correct grammar.

Naming things

Spelling

Counting

Using the phone

Telling time

Using the right gestures

Yet he understands what you say to him. He just cannot seem to find the right words or do the right things to get you to understand him.

Another kind of asphasia may mean that the patient hears you but receives the message in his brain all wrong. He cannot understand your words. He can see your writing or the printed word but his brain doesn't give him the right message about it. This aphasic patient may not be able to follow any instructions correctly, he may not know where he is all the time, may not recognize people or objects. Television and movies or words over the phone may not make a bit of sense to him.

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[*] Reprinted from Handbook for Home Health Aides (St. Louis, Missouri: Cardinal Ritter Institute, 1968).

So to review--a patient may truly understand you, but not be able to return speech to you. Or a patient may hear you, but not understand you because his brain is not receiving correctly.

Then there is the patient who cannot speak or get your messages straight. In any case case--he is not mentally confused, remember. Or stupid.

An aphasic is self-centered. The physical change in his brain causes him to have a hard time thinking abstractly--or putting new ideas together. He seems selfish. He is not. It is better for him to put all his attention to getting his own problems solved first, anyway.

What about your relationship with an aphasic patient? How can you help?

You can help most by understanding. Then try to remember these simple things:

1. Pronounce your words clearly and understandably. If he is learning speech, everything anybody says to him sets an example. Be sure your example is good.
2. Sometimes a patient who spoke another language as a child will say words in that language. Don't be upset by this, or laugh. Try to discover what he means, but if you cannot understand and he becomes excited . . . ?
3. Be calm. If the patient is upset, show him you understand why. Try to solve his problem by suggesting a way to work it out . . . if you can. At least showing you understand and agree with him will help.
4. Draw the patient into the circle of activities . . . make him feel part of things. If you are working about the house, stop by to chat or say something pleasant. If he is in a wheelchair, place him where he can see you. If the family leaves him alone, you might gently suggest that they begin to include him in their activities . . . like watching TV--or eating--or family talk. Even if he can't participate, he will not feel rejected.
5. If his behavior makes you lose patience, never show it.
6. Because he has such trouble with the social basics, such as talking . . . he may even behave poorly with strangers or visitors--or you.
7. Understand.

   If the patient gets angry trying to tell you what he wants, wait till he pauses a bit--then try to help him out by asking questions that will take only a "no" or "yes" to get the meaning across. At the same time--if he is telling you something and is having a terrible time finding the word--don't say it for him . . . this will probably make him furious and you may have set his progress back considerably.

8. Frequently a patient will say a word over and over--or laugh or cry and not be able to stop. Don't make an issue of it. Gently try to change his attention toward something else.

9. When he forgets--never show impatience.

10. Treat him as an adult.

11. Let him do whatever he thinks he can do himself. No matter how well or how poorly he does what he sets out to do . . . praise him!

12. Don't let the patient get too tired performing a certain activity.

13. Remember, no one aphasic person's problem is the same as another's. Go back to your thinking about INDIVIDUAL care.

14. Never tell the patient "You'll soon be fine." This tells him you either don't know, or aren't really interested. He knows there's nothing "soon" about his problem, at all.

When communicating with aphasic patients always remember the four S's . . .

Single . . . Present one idea at a time . . . e.g.: "Would you like breakfast?" (With emphasis on the key word, breakfast).

NEVER: "If you would like your breakfast now we can fix you bacon, eggs, toast, some nice hot coffee and . . ."

Slow . . . . Speak slowly--and say your words carefully.

Simple . . . Use easy words--not big ones.

Short . . . Make your sentences short--with one key word . . . (like the word breakfast in the first question).

How can you help a patient re-learn speech while you give personal care?

You can help him relearn the names for parts of his body as you give a bath because you are doing important things relating to the learning process. You are letting him see an object and hear its name at the same time. Thus as you wash the patient's hand you can say the word hand very clearly. He sees his hand; he hears the word, at the very moment you are washing it. Even better is see--hear and touch. If for instance, you are feeding the patient, you can say the word spoon. As you say the word spoon--you show it to him, let him touch it, and as he does so you say the word again slowly--clearly.

Following are lists of words that are basic and which you may have reason to use in the patient's presence because of the work you are doing. We ask you not to force things. You are not a therapist. Only in relation to the duties you perform as a home health aide are you allowed to help reteach the patient. At these times, never ask the patient to repeat the word. You are only allowing him to hear, see, feel. If he wants to say the word and can--let him. Then rejoice with him. But that is only an accidental reward. Your job is to let him *hear* words spoken slowly, *see* the objects, and when possible, *feel* them. You may not *ask* him to respond. That is the therapist's job.

Words for:

bathing	food	clothing	activities	miscellaneous	furnishings
wash	hungry	pants	sleepy	car	door
eye	bread	shirt	bed pan	television	window
ear	butter	shoes	sit up	clock	chair
nose	milk	socks	stand up	radio	bed
neck	potatoes	belt	walk	pencil	dresser
arm	gravy	pajamas	make bed		mirror
hand	beans	bathrobe	change sheet		bathtub
thumb	apples	slippers			towel
leg	oranges				table
foot	ham				plant
toe	eggs				
heel	toast				
mouth	coffee				
teeth	soup				
head	meat				
shoulder	salad				
back	dessert				

EXHIBIT D

15. Illness[*]

Signs or symptoms of illness

What is illness?

In its simplest terms it can be said to be an unhealthy condition of the body or mind.

In judging illness it is important to know what is normal for the patient's age . . . if he is 90--or 25--or 8.

Definition of Symptom . . . It means *sign*.

Types of Symptoms:

Objective--What you *see* for yourself.

Subjective--What the patient knows and tells you.

The importance of observing . . . *seeing* your patient.

The patient's life may depend on your observations about him. Reporting immediately any signs of change could prevent a serious complication.

Your observations must be *accurate*. That means correct! Report what you *see* . . . not your own idea of what is wrong.

When you report--you will then be most careful to do exactly as the nurse tells you . . .

What is the handy, built-in equipment you have to help you observe your patient?

A. Eyes . . . Do you see anything unusual?

A bath is a good time to observe the patient . . . notice change in skin and so forth.

B. Ears . . . Do you hear anything unusual? Normal and abnormal sounds and moaning? Coughing? Does the patient say he's lonely?

C. Nose . . . Can you smell anything unusual?

For instance, do you notice smell changes in dressing--bowel elimination or urine?

D. Mouth . . . Talking. What does the patient complain about?

Where does he say it hurts? Does he seem depressed? Do you ask questions to try and locate the pain?

E. Hands . . . Does the patient feel warm; hot and dry; moist?

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[*] Reprinted from *Handbook for Home Health Aides* (St. Louis, Missouri: Cardinal Ritter Institute, 1968).

General signs or symptoms to look for in all patients

A. Nutrition . . . is the patient underweight? Does certain food upset him?

B. Physical comfort . . . does the patient seem to need a change of position? Is he restless, seem uncomfortable?

C. Mental state . . . is the patient grumpy . . . more than usual? Or very dull, even when awake? Does he seem not to hear at times? Does he speak in a confused way? Do you suspect his sight is failing?

D. Facial expression . . . does the look on his face tell you the patient is anxious, worried? Is he pale or flushed?

E. Skin . . . does the skin feel dry . . . moist . . . cold . . . clammy? Do you notice any scratches?

(It is important to report these if only to clear yourself from liability later.)

F. Are there bruises? Much sweating? Does the skin seem bluish in color; or yellow?

G. Posture . . . does the patient lie, sit, or walk uncomfortably? Can he seem to stay comfortable only in certain positions?

Movements . . . Does the patient show jerky movements or tremors?

Things to note in particular:

Where the unusual movements started
Time they started
How long did they last?
What did the eyes look like?
What is the amount of the tremors if any?

H. Pain . . . determine the location of pain; if possible, how long each pain lasted. How often did the pain occur? Was it mild, constant--or just off and on?

If the patient has medicine available for the pain, did it give him relief? If so, for how long?

What does the patient tell you about his pain?

Some early signs of illness may be noticed these ways . . .

Eyes--Are they unusually glossy, bright, yellow, red; sensitive to light? Does he complain of seeing spots? Are there changes in vision . . . Is it blurred? Does he see double?

Nose--Is it runny, congested? Is there sneezing . . . any bleeding?
(You know you should keep your face away from contact with patients breathing and any discharge from nose or mouth.)

Throat--Is it red, hoarse? Is there a cough? Is the throat sore? Is the breathing short or labored? Is there swelling?

Mouth--Do you notice bleeding gums . . . (pink tooth brush tells you this). Is the mouth dry, coated, the tongue cracked? No taste?

Voice--Is it weak, hoarse, or overly loud? Does the patient moan or cry?

Appetite--Is it normal--or has the patient lost appetite altogether? Or on the other hand, is he overeating? Does he drink liquids with and between meals?

Weight--Do you notice rapid gain or loss of weight? Does he have any swelling around his ankles, fingers, etc.?

Sleep--Does the patient sleep too much? Or can't he sleep at all? Are his dreams disturbing . . . does he dream a lot? Is his sleep restless; or is he constantly drowsy . . . always taking little naps?

Elimination--Very important with the elderly person. Has he had a bowel movement within the last 3 days? Does he have soft or runny stools?

When the patient is really in trouble you may observe:

Fever and chills; pain; nausea and vomiting.

Elimination changes . . . in odor and color of stool, in odor and color of urine.

Short, labored breathing (dyspnea).

Bluish gray skin color (cyanosis).

Abnormal swelling (edema).

General Summary: What to see and look for in your patient

Condition of patient's body (skin, etc.)

His movements

Amount of rest he gets

Food he eats

Pain

Body processes--(urine, stool)

Behavior

Emotional and mental reactions

Treatments--(medicine, therapy, etc. . . . their effects)

. . . Remember . . . the patient reports only what is important to him. You need to look below the surface. Perhaps a patient will not complain at all. Or he may complain all the time. It's up to you to keep your eyes and ears open. AND REPORT AS SOON AS YOU OBSERVE ANYTHING UNUSUAL!

GENERAL RULES TO REMEMBER:

LISTEN TO YOUR PATIENT

NEVER GIVE ADVICE

REPORT IMMEDIATELY ANY SYMPTOM

KNOW AND BE ABLE TO TELL THE NURSE WHAT THE PATIENT'S ATTITUDE IS . . . HOW HE FEELS ABOUT HIMSELF

WATCH--AND LISTEN

PICK UP ANY CLUES YOU CAN . . .
NOTICE THE PATIENT'S LIKES AND DISLIKES . . . UNDERSTAND HIM FROM A CULTURAL VIEWPOINT. [illegible] he foreign? Very strict about certain religious beliefs and practices? Superstitious?

Preventing the spread of disease and infections

Health

A normal physical condition; the absence of illness; a sense of well-being, all systems function well.

Disease

Any departure from health that interferes with the normal operation of the body. A person can be in poor health without any symptoms . . . as in the early stages of cancer, or tuberculosis. That's why it's so important to have physical examinations regularly. Disease can occur at any age.

Terms used in talking of disease:

1. Morbidity--the rate of occurrence of disease in a population.
2. Acute--sharp and sudden--characterized by rapid rate of change. May or may not be serious.
3. Chronic--means long term or time--with not much change (although chronic illness may have acute stages).
4. Terminal--stage before death.

Causes:

1. Hereditary--transmitted from parent to child
2. Congenital--present at birth
3. Trauma--an injury
4. Deficiency--lack of something important to the bodily system
5. Metabolic--poor utilization of foods regulating body activity. The thyroid gland may cause metabolic disturbances; diabetes is a metabolic disease.
6. Neoplastic--abnormal growth

Infections:

An infection is an invasion of foreign bodies in the organism. We do not live in a sterile or clean environment. Germs live in dust, on floors, certainly in dressings from wounds, in food, moisture, etc.

These may be disease producing microorganisms--such as bacteria or viruses.

Part III

AN EVOLUTION GOES UNRECORDED IN THE DOT

In 1944, when Division personnel celebrated ten years of occupational research with promises to continue placing top priority on analyzing jobs in "essential industries," homemaker service had already passed through 30 years of evolution as a component of voluntary family and children's agencies. Education and medicine were also undergoing changes that were eventually to give rise to the "new job" boom in the 1960s.

Of course, derivatives of women's work have experienced changes since the 1965 edition of the DOT. But if project findings appear startling, it is not because of a new job revolution but an evolution that went unrecorded by the Field Center system.

That is the thesis of this section, which draws upon writings published in the last three decades and the words of the workers themselves to capture women's work and to support how it must be portrayed if the DOT is to maintain its position as the world's most comprehensive source of job information.

The Nursery School Teacher

Textbooks for preschool teachers educated in the 1950s and the first few years of the 1960s present a radically different view of the job of Nursery School Teacher than what was set forth in the third edition of the DOT. Some of these guides stress the importance of socialization or attitude-building in young children. Others, published in the late fifties, reflect the early discoveries of research in child development, their theme being the nature of cognitive abilities and achievements.

Aside from these differences, however, the texts agree on three basic tenets of early childhood education, which, in turn, shaped the functions of the Nursery School Teacher years before the last edition of the DOT. First, there was the concept, still fundamental to childhood education, that in the first six years of life, 50 percent of an individual's cognitive skills are developed. Second, in view of the importance of the first six years, educators subscribed to a corollary proposition that preschool education should be planned to stimulate and maximize the growth and development of the young child. And finally, "play" for the first time was being taken seriously, as the critical process through which the young child acquires basic knowledge about the world.

As a result of an historic concern for the successful performance of parenting functions, preschool educators had traditionally regarded the job of Nursery School Teacher as that of a parent in the child's extended family. Then, after World War II, the responsibilities of the Nursery School Teacher increased, owing to the widespread deterioration of American family life and concomitant studies of human development confirming the critical role played by early childhood education in determining the quality of an individual's maturation into adulthood.

The findings of research left no doubt about the complexities of child rearing and the awesome, lifelong impression made by parents and parent-figures on a child in the first few years of life. During that time, parents are teaching habits of cleanliness, self-care, and toileting. Moreover, through love, affection, discipline, and punishment, they are instructing the young in modes of social behavior and laying the foundation upon which a child will establish interpersonal relationships. In sum, natural parents and/or parent-figures, via their verbal and nonverbal communication and interaction, determine in large part a child's development in all of its various aspects.

With family disorganization a well-publicized and worrisome fact, educators worked during the post-World War II era to expand the availability of preschool facilities and to train staff to function actively and knowledgeably as parent-figures. In this capacity, the Nursery School Teacher (as well as other day care instructors) was being paid not only to do what parents are supposed to do, but to do it in the best way possible in accordance with recognized child development precepts.

The ability to analyze became a constant job demand as preschool teachers were trained in human learning principles in order to identify a child's level of development, to provide the appropriate instruction, and to evaluate the effects. Student teachers were schooled to develop a plan of education that included a variety of selected activities, games, and equipment to stimulate children's curiosity; a daily routine to fulfill their need for stability and security; and long-range instructional objectives to ensure their advancement from one stage to the next. In its totality, the job of Nursery School Teacher, as recorded by contemporary educators, required the worker to plan environments and activities on the basis of child development principles in order to teach preschoolers and promote their progress in ways compatible with their processes of growth and learning.

By the early fifties, there were approximately 224 laboratory nursery schools in the United States. Their purpose as models was to serve as a training ground for Nursery School Teachers and as the site for the observation and assessment of child development and behavior. These schools were and are still commonly associated with a university. Traditionally, faculty members are college-trained specialists, with the majority of head teachers possessing graduate degrees.

During the same period of time, there existed 262 cooperative nursery schools which were founded to provide for the care and instruction of preschool children and to teach parents the principles of child development. Although parents acted as volunteer teaching assistants, the schools were directed by salaried teachers, many of whom had college degrees in nursery school education.

These facts and more about the state of preschool education in America were public knowledge long before the third edition of the DOT. For instance, in 1955, Field Center analysts seeking background information for an "industry study" could have found The Nursery School and Child Care Center on the new-books shelf of their local libraries. This study of 835 schools and centers traces the development of preschool education in the United States back to 1904, when Philadelphia public schools housed child-care facilities staffed by teachers charged to "help children develop their physical, emotional, social and intellectual goals."[1]

By 1955, California boasted one of the most extensive child-care programs in the United States, with 288 nursery centers serving approximately 15,000 children. This network was propagated and monitored in the belief that "it is necessary to have well-trained teachers who not only have a warm and friendly feeling for children, but who also have the ability to plan and carry out a program which meets both group and individual needs."[2] In 1957, the California legislature passed a bill mandating the provision of child-care programs as a permanent component of educational services to all children residing in areas where there is a demonstrated need.

Elsewhere in the nation, other states, such as North Carolina, published guidelines for nursery school curricula through their departments of education. But it was Michigan's elected representatives who did perhaps the best job of setting down on paper what should have been mirrored in the DOT's disposition of NURSERY SCHOOL TEACHER. Prior to the California bill of 1957, the Michigan legislature enacted a law regulating the academic qualifications and functions of the Nursery School Teacher as follows:

> (22) A nursery school teacher shall have a working knowledge of the conditions and experiences under which young children grow and develop physically, socially, emotionally, and intelligently. This will require basic study in early childhood education and include such subjects as child psychology, physical growth, nutrition, mental hygiene, and social development. A background in parent education, family relationships, and utilization of community resources is desirable.
>
> (23) Teachers shall have a basic understanding of the principles and practices of nursery school operation

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[1] Clark E. Moustakas and Minnie P. Berson, The Nursery School and Child Care Center (New York: Whiteside, 1955), p. 169.

[2] Moustakas, p. 204.

> and administration. This will require study of such topics as equipment, program building, record keeping, handling of the sick, and the routines of washing, toileting, sleeping, dressing and feeding. Teachers shall have a genuine liking for children, be socially well-adjusted, emotionally stable, unhurried in speech and action, and adept at fostering a cheerful, relaxed atmosphere in the school. They shall be skillful in interpreting the aims of the school to parents and securing their cooperation.[3]

Homemakers and Home Health Aides

Born of the late nineteenth century, Homemaker and Home Health Aide jobs have been virtually ignored by historians and analysts of the world of work. Despite a wealth of in-service training materials testifying to the complexity and socioeconomic value of these jobs, no corresponding body of literature had been developed for the public by the early 1970s. Instead, only a few magazine articles (most of which appeared in women's magazines between 1945 and 1960) and an occasional newspaper feature constituted the primary resources carried by major libraries when the DOT Research Project staff began its work in 1971.

From the time they first appeared on the American job scene, Homemakers and Home Health Aides have been categorized by a series of images and identities that have served to reduce and obscure their contributions. The earliest practitioners were affluent, public-minded women working without pay during an era of civic reform beginning with the close of the Civil War. Although these women enjoyed the privileges of wealth, they shared with other women the same exclusion from the legal rights and occupational activities of men. Lacking the power and organization of industry and seeking no monetary compensation for their time and energy, the Homemaker-Home Health Aides of the nineteenth century were frequently portrayed as do-gooders.

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[3] Moustakas, p. 216.

Nevertheless, their leaders, including Jane Addams, Lillian Wald, Florence Kelly, and Alice Hamilton, shaped the social conscience of a nation for generations to come. These women were to earn a respected place in history for collectively developing the component parts and general objectives of a human service delivery system intended to improve and protect the quality of life in what was to become a highly industrialized, urbanized society. The women whom they inspired to volunteer as the link between the professional and the client made Homemaker-Home Health Aide services an integral part of that delivery system.

Over the years, Homemaker and Home Health Aide programs have become indispensable to the delivery of those family management and medical services to which millions of homebound and/or poverty-income Americans are now entitled by law. Today, Homemakers and Home Health Aides are employed by the thousands from Alaska to New York City, counseling, teaching, and nursing the millions of incapacitated individuals and fragmented families who are covered by the various titles and amendments of the Social Security Act.

Although Homemakers and Home Health Aides are now paid for their service as employees of public and private social service agencies, they labor as victims of yet another stereotype as disparaging as do-gooder in its connotations. During the 1930s, when social service occupations underwent professionalization, the Homemaker and Home Health Aide were portrayed as housekeepers. The image of a domestic, depicted as unskilled and untrained, served a purpose: Though false, it was assiduously cultivated and internalized by professionals who feared losing their newly won status, authority, and prestige.

As their numbers increased, Homemakers and Home Health Aides slowly began to develop an identity and self-respect that is reflected in the continuing evolution of their professions. During the Depression, Works Progress Administration (WPA) funds were allocated expressly to train women to serve as Homemakers outside their own homes. WPA reports show that in 1941, 38,000 "housekeeping aides" were assisting families in 45 states and the District of

Columbia.[4] Four years earlier, the U.S. Children's Bureau had sponsored the first national conference on "supervised housekeeping service," which was to lead to the formation of the National Committee on Homemaker Service. Known today as the National Council for Homemaker-Home Health Aide Services, Inc., this organization was designated to set the standards for the implementation of HEW's regulations mandating Homemaker services under the nationwide Work Incentive Program in 1969 and Home Health Aide services for the aged, blind, and disabled in 1970.

In the 1970s, the National Council for Homemaker-Home Health Aide Services, Inc. embarked on the first phase of a nationwide accreditation program. Professionals interviewed by DOT Research Project staff were acutely aware of the implications: Once a significant number of agencies agree to guidelines for the training and utilization of Homemakers and Home Health Aides, the Council, by virtue of its mandate, is apt to be in a position to make a powerful case for their implementation on a nationwide basis as an alternative to the loss of related federal funds.

In terms of communicating the nature of Homemaker-Home Health Aide occupations, the Council--and the DOT--faces a formidable challenge. Homemaker-Home Health Aide work has expanded over the years to include increasingly sophisticated and responsible jobs that are as much the product of specialization as degreed occupations in the human services.

Since 1965, rungs have been added to paraprofessional career ladders with the appearance of jobs such as Homemaker Aide and the nondegreed Homemaker Teacher and Homemaker Supervisor. Furthermore, the coming of age of the day-care industry and its legion of paraprofessionals has meant the elimination of "babysitting" from traditional Homemaker tasks, and other social service paraprofessionals, such as Money Management Aides, have already arrived to share the Homemaker's responsibilities. But above all, specialization has officially ended an era (if there ever was one) of interchangeability between the Homemaker and the Home Health Aide. Today, the Homemaker functions as a member of the social services team, while the Home Health Aide is trained to provide paraprofessional medical care.

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[4] Stephanie B. Stevens, "Philosophy and Beliefs of Homemaker-Home Health Aide Service," speech presented at Rutgers University Workshop, "Program Development for Training Homemaker-Home Health Aides," July 1, 1968.

Homemaker and Home Health Aide as distinct entities, along with a number of related paraprofessional jobs, did not evolve overnight and were too late for the 1965 edition of the DOT to do them justice. In fact, in the same year that the DOT was published, the state of California issued Job Descriptions and Curriculum Guide for Training in Homemaker and Allied Service Programs. Detailed job analysis schedules for the jobs of Homemaker, Home Health Aide, Family Aide, and Home Attendant were used as a basis for curriculum development in this 88-page report. Interestingly enough, the schedules were prepared by occupational analysts with the State Employment Service--at the request of the State Department of Social Welfare in Los Angeles--presumably after third-edition deadlines when all of the "critical" industry studies had been submitted for inclusion in the DOT. Nevertheless, California analysts described these paraprofessional jobs in great detail and treated them with considerable sensitivity, perhaps because they realized coverage was long overdue. To each of the four job analysis schedules, which together took more than five months to prepare, they added the notation that "up to 20 different job titles exist for this and several related job titles in Southern California alone."[5]

As a recognized leader in providing its citizens with Homemaker-Home Health Aide and allied paraprofessional services, the state of California could have been a gold mine for updating the second edition of the DOT. The same might have been said of New Jersey, Illinois, Minnesota, North Carolina, New York, New Mexico, and North Dakota. According to a White Paper on Homemaker Services distributed in 1968 by California's Department of Social

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[5] Job Descriptions and Curriculum Guide for Training in Homemaker and Allied Service Programs, California State Department of Social Welfare, December, 1965, pp. 12, 17, 23, 27.

Welfare, these states were "very much ahead indeed" of the West Coast pacesetter "as far as the operation of a statewide service and sophisticated service [was] concerned."[6]

Founded in 1950, New Jersey's medically oriented Homemaker service had received extensive coverage in popular magazines as well as professional journals. What today would be referred to as a Home Health Aide program was the idea of two women intent on supplementing the state's two Homemaker services, neither of which provided in-home care to the chronically ill. So successful were their efforts to promote a Home Health Aide project that in the early fifties, the New Jersey legislature approved the incorporation of a passage providing for in-home paraprofessional medical care in its Prevention of Chronic Illness Act. By 1961, 17 Home Health Aide programs were serving the state, and a total of 1,200 women had been trained as Home Health Aides.

Despite what existed in the field, the technicians of the 1965 edition of the DOT treated HOMEMAKER as an undefined related title to MAID, GENERAL; assigned it to the industry Domestic Service, and classified it with the Occupational Group entitled Maids. At the same time, they denied Home Health Aide a place in the Medical Services industry, instead relegating it to Personal Service.

In 1967 the state of Wisconsin, in its official guidelines for the organization of county welfare departments, flatly refused to accept such interpretations and gave its reasons why in Chapter VII-B-5:

> A homemaker is not to be considered a domestic servant . . . .
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> A homemaker works within the framework of a social service plan under the professional supervision of a social worker. Because of the nature of her assignments, she is usually required to perform somewhat independently, using her own initiative and judgment in making many of the decisions

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[6] White Paper on Homemaker Services, California State Department of Social Welfare, May, 1968, p. 2.

> with which she may be confronted in managing the household when an adult member of the family is not present.
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> A housekeeper or maid, on the other hand, is expected to work as a domestic, under direction, with duties and responsibilities more or less specifically prescribed. She is not in a position of responsibility to work within the framework of a social service plan.

Perhaps one of the most effective and vivid illustrations of the realities alluded to in Wisconsin's guidelines appeared six years before the third edition of the DOT in the form of an article describing the work of the Homemaker unit established in 1942 by the Chicago Department of Welfare. Excerpts from The Ladies'Home Journal feature appear below as partial testimony to the devaluation suffered by the job of HOMEMAKER in the DOT.[7]

> "Breakfast is served," sixteen-year-old Betty called out to her ten brothers and sisters clustered around the kitchen table. For a moment no one moved. All eyes were on the fresh tablecloth set with napkins, bowls, and plates, steel spoons and knives. "Breakfast," Betty repeated, enjoying the word, for she, like the others, had never before had three meals a day, nor in fact had ever sat down at the table to eat with her family.
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> Until recently nobody had wanted the Albers as neighbors. Mrs. Alber, reared on a run-down tenant farm in the South, knew nothing about city-apartment living. She threw garbage out the window; allowed her children to run wild and scrounge for food whenever they ran out of money. Deserted by her husband and weak and spent from her many pregnancies, she sent the older children to school dirty and unironed, neglected to toilet-train the younger ones and even to do her housework. The Chicago, Illinois Housing Authority, besieged by complaints from angry tenants, finally served an eviction notice.
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> At the moment when everything seemed darkest, the future of the children at stake, Mrs. Smith, a homemaker from the Cook County Department of Welfare (which includes Chicago), came into their lives. A large, motherly looking woman of 56 with a warm laugh that

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[7] Margaret Hickey, "Help for Homes in Distress from Chicago's Homemakers," The Ladies'Home Journal, March, 1959, pp. 67, 68, 69. © 1959, March Downe Publishing, Inc. With the permission of Ladies' Home Journal.

magically draws children to her side, Mrs. Smith had faced many similar situations in her ten years on the job. Trained to work with little or nothing, she knew exactly what to do to help a family facing a severe crisis.

Finding the Albers eating from one platter and one pan with the help of their fingers, she requested a special allowance from the Department of Welfare. Then she and Mrs. Alber went shopping at a salvage depot for a chest of drawers, several chairs, some linens, dishes and cleaning equipment. She helped Mrs. Alber and Betty, the eldest daughter, who had dropped out of school, make out a schedule containing menus for three meals a day. This was to cover a two-week period, since Mrs. Alber received two Aid to Dependent Children checks a month. Mrs. Smith then showed Mrs. Alber how to make out her shopping list, allowing for both staples and fresh vegetables, meat and milk. Gradually, through Mrs. Smith's patient prodding, the children began to learn table manners and soon were setting the table and helping their mother prepare the meals.

Within three months, Mrs. Smith reported that Mrs. Alber was able to take over altogether. The youngsters, now disciplined and no longer destructive, were following a strict curfew set by their mother. Betty, with encouragement from Mrs. Smith--and a lunch packed daily by her mother--was back in school attending classes regularly. Mrs. Alber herself was learning to use the public library, bringing home books for children. Best of all, the Housing Authority agreed to readmit the family.

On the surface, the homemaker program may look like "maid service to reliefers," as it has been called by people who don't understand what it is trying to accomplish.

But statistics prove that it is saving the community money by holding families together whenever possible--families whose allowance checks are too small to cover homemaker service in time of emergency. The alternatives would be to send children out to foster homes or institutions, for which there is usually a waiting list.

A homemaker, for example, earns only $192 to $213 a month for an eight-hour day, five-day week; up to $224 a month for 24-hour live-in service. Foster home care, on the other hand, costs an average of $60 per month for each child. In the case of the 11 Alber children, this would total $660 per month. Instead Mrs. Alber has learned to be a better mother and housekeeper, her children are happier and healthier and show promise of becoming goood citizens.

Every year, the homemakers employed by the Department of Welfare and supervised by professional staff members, help about 250 to 270

> different families from every cultural and ethnic background. Chosen for their personality and experience with family life, the homemakers all have taken a special course including nutrition, budgeting and child care given by the department. With many hundreds of families pouring into the Chicago area each month--many from rural areas of deprived backgrounds (large numbers are Puerto Rican, Mexican, American Indian), and unable to cope with city ways--the homemakers usually have their hands full.
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> They find mothers in desperate need of medical care, having postponed it because there was no one to look after the children. They go into unlighted, unventilated dwellings--the word "home" hardly fits some of the places where many of the families are forced to live. They make do with the barest equipment, sometimes using even newspapers for scrubbing. For in many dwellings there is a continuous battle against lice and filth. Said one welfare supervisor, "There isn't enough money in the world to pay me to do what these women do."
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> Yet they are about the most stable employee group in the Chicago area. Some have been on the job since the beginning of the program in 1942. When you ask why they do it, they find it hard to put into words. Many of them have had little more than a grade school education, none have gone beyond high school. But they are wise in the ways of the heart and the home.
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> Officials say it would never be possible to calculate the amount saved in law enforcement and health bills the community might have to shoulder were not the needs of these families "in trouble" ministered to in time. In human terms, the actual visible results are better parents; happier, healthier children; stronger family life. This is what every homemaker works and hopes for.

As for the Home Health Aide, the Handbook for Home Health Aides, published in 1968 by the Cardinal Ritter Institute, St. Louis, Missouri, offers 110 pages that stand in direct contradiction to the portrait painted by the DOT. Developed as part of one of many Home Health Aide projects funded in the sixties by the Office of Economic Opportunity, the Cardinal Ritter handbook reflects the increased delegation of nursing tasks to paraprofessionals provided for by the 1963, 1965, and 1967 amendments to the Social Security Act.

Since its publication, the handbook has served as a model for Home Health Aide programs around the nation, as well as a resource for DOT Research Project analysts while studying the Institute's operation in 1973. The illustrated guide classifies and describes the tasks performed by Home Health Aides as follows:[8]

Procedures you may do in any home depending on the need:

1. Bed bath and sponge bath
2. Making an occupied bed
3. Taking of temperature, pulse, and respirations
4. Assisting with oral medications
5. Transfer activities using good personal body mechanics
6. Use of some special equipment
7. Observing and reporting signs of illness
8. Feeding the patient
9. Meal preparations including special diets
10. Mouth-to-mouth resuscitation
11. Dressing disabled patients

Procedures you may do only if taught in the home by nurse or therapist

(Not to be performed in another home unless again instructed by professional team member.)

1. Tub baths
2. Taking blood pressure
3. Range of motion and other prescribed exercises
4. Hypodermic injections
5. Testing of urine samples
6. Tube feedings
7. Catheter irrigations and removal of catheter
8. Suctioning of tracheotomy tubes
9. Sterile dressings
10. Vaginal irrigations
11. Enemas
12. Colostomy care
13. Special diets

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[8] Handbook for Home Health Aides, Cardinal Ritter Institute, St. Louis, Missouri, 1968, p. 57.

Addendum

In 1973, DOT Research Project staff selected the Milwaukee County Welfare Department as one of several sites for its study of the Homemaker. Among the workers interviewed was Mrs. Frank Gutman. In her sixties, this tiny, energetic woman was about to retire after 15 years as a Homemaker with the county. The project interview was originally scheduled to last about an hour on her last day of work. But so enthusiastic was Mrs. Gutman about sharing her experiences as a Homemaker that she agreed to a second interview some days later in her apartment. Even though she and her husband were pulling up stakes for San Francisco, Mrs. Gutman seated herself among the cartons to recall a career that she hopes to continue into retirement as a volunteer working with teenagers. The recollections that follow were transcribed from project tapes and reproduced with Mrs. Gutman's kind permission. Entitled "Reflections of a Homemaker," they illustrate once again all that was omitted from the treatment of HOMEMAKER in the third edition of the DOT.

REFLECTIONS OF A HOMEMAKER

It was January, 1958, when I started.

I had had a job cutting threads in a factory. The factory was about to fold up and I would be without a job. So my daughter, who was employed as a social worker with the welfare department, said to me, "Look, why don't you try that homemaker job?"

Well, at first the idea of going into people's dirty homes was not really appealing to me. But my daughter said, "Mother, it isn't bad. I see these homemakers down there and I'm sure they don't do things you couldn't do."

It is true that I was trained for that type of work. I had raised a family and I had done a lot of reading. But also I came from Europe, where I had gone to a preschool for social work.

In those days, social work was considered to be today what we call homemaker's work. That was 45 years ago and in Vienna, the birthplace and the cradle of the concept of social work. At that time, the social worker was someone who went into homes and showed how to bathe a baby, how to prepare a nourishing meal, and how to spend money.

Actually, there were some things about being a homemaker that seemed attractive. To share that knowledge that I had with other people whom I could help. . . well, that appealed to me quite a bit. The only thing I was afraid of was the cockroaches.

But then the factory really did close down and then I thought, well, now let's try. I felt I had outlived a lot of things in my life, so what the heck, a few cockroaches were not going to do me in!

That was 15 and a half years ago. There were three homemakers in that department and I became number four.

My first year I was paid $3,200, and when I retired I was making $9,060.

* * * * *

In the early days, we homemakers were very much on our own. In fact, until about 10 years ago, we were the only paraprofessionals in the welfare department.

Most certainly in pay and social standing, the homemaker was below the caseworker. But maybe because I realized that the caseworker was my superior and because I knew my limitations, I was not hurt.

After all, if you are useful, you get respect. If a caseworker had a case where she really didn't know where to go or what to do, she would call in a homemaker and all of a sudden, the case would be off her back and on the homemaker's.

Initially we were hired to go into the homes of families who were somehow troubled and to improve their standard of living. The homemaker's ultimate objective was to get her client on such a routine so that she could help herself. But, of course, first she needed help in getting her home into such a situation where she could help herself.

I must tell you about my first case because right away I learned something. As soon as I started, I was assigned to a Puerto Rican woman's home.

She was very ill and every day at six or seven in the morning she had to go to the county hospital and stay all day for treatment. I took care of her children.

At first the whole thing was frightening to me. I came in on a dark winter morning at 7 o'clock. With all that snow, I couldn't find my way. But I got there and, you know, that woman had a very clean house. I took care of her children, I bathed and fed them, cleaned the house and ironed. Everything was fine. The woman was pleased with me, the kids loved me.

Then, when the woman was better, she asked me, "Where do you go to church?"

And fool that I was, I said, "I don't go to church. I am Jewish and I go to a temple."

That woman was aghast! She thought I was going to hex these kids. She wouldn't let me touch them anymore!

So I learned my lesson. Never, ever as long as I was working with a client did I discuss religion. Later on when someone would ask me about religion, I would say, "Oh, I believe in God," and let it go at that.

* * * * *

Well, anyway, we had these babysitting assignments intermixed with our teaching, but most of our work was to instruct. If I was successful, over a period of time I could help a client improve her skills in budgeting, child care, nutrition, and housekeeping.

For instance, there was shopping. I would go into a client's house and evaluate her needs and shop with that client. And in shopping with that client, I would instruct her in what to buy and what not to buy and how to count money when you get change.

There were times when I taught the client by sitting down with her and talking, but the best thing was to keep busy with the client, to do some tangible good.

And there were many ways a homemaker--particularly at that time--could do tangible good for a client. If I would come in and that woman didn't have anything but a urine-soaked mattress, I would ask a caseworker, "Can't we get some new mattresses in that house?" And I would get them or whatever I felt was absolutely needed.

Or I would go into a place filled to bursting and overflowing with clutter. And I would say, "Let's look through all the drawers, all the closets. Let's organize. Let's see what you need there."

Have you seen places like this?

You know, I am no stranger to poverty. My husband and I were Hitler refugees. But such things as when you come into a house and the dirty clothes are splattered all over with dirty dishes on top and filled diapers all over and cockroaches dancing on your toes! I had not seen that before.

And that stench! You know, you come in in the morning and the shades are drawn, windows closed and you enter: ammonia. Have you ever smelled ammonia coming from people's beds? I never knew that stench existed!

Well, this fascinated me. Maybe other people wouldn't feel like that, but I was appalled and fascinated. You know, you sit through a horror movie and you don't walk out there, either. I don't know how human beings are made, because we suffer, we shiver, we hang on to our boyfriends, and we sit!

* * * * *

Well, when you come into a place like that, the first thing a client is going to say is, "Oh, just today this house is such a mess!"

Or she will say, "Today I have had such a headache or bellyache." Or "The kids have been naughty and just today when you come in, it looks like that."

You know, you accept what she tells you. And you say, "I'm sorry you have such a headache today."

Because she has that headache today. Don't think she's lying! That poor woman has a headache, or a bellyache, a tummy ache, whatever. It's true, she doesn't feel right! With children screaming, children hollering, being sick, their noses running, their rear ends oozing--you know, who can feel good?

So I never did say, "Well! Why are you here in such a mess?"

I wouldn't say that. I never had to suppress anger, I never felt angry. I always felt more pity and maybe that came through.

Because the helplessness of one such woman with a mass of children in insufficient housing . . . . To cope with all of this is so hard that I could understand there comes a point where you say, "I can't," and let things lie where they fall.

* * * * *

Getting people to change is terribly hard because they are brought up that way. To succeed, a homemaker must be constantly fighting against her own shortcomings, her own prejudices. I do not mean racial prejudice or that sort of thing. I assume that anybody who is a homemaker most emphatically does not have this kind of prejudice.

No, I am talking about values. You know, you have to recognize that people have different ideas and you have to decide which ones are better. What's important to me isn't to her and it may not be important at all.

You see, everybody wants basically the same thing: a comfortable life. But the approach to what everybody calls a comfortable life is different.

Not all, but many of my clients have what I call the "bedspread value." They feel that a completely filthy, evil, reeking mattress without any sheets is fine as long as you have a bedspread over it. Everything is fine as long as it looks good.

Take shoes, for instance. Now I'm not a chiropodist, but many of my clients have very poor feet. By the time they are 30, to walk from here to there, you would have to push them. They can't. They lean against the wall because they have sick feet.

If you would have such bad feet that prevented you from walking, you would normally get the most comfortable, best-fitting shoes. But no, you open the client's closet door and there stands a whole row of high-heeled atrocities, pointed at the toes and three sizes too small.

So you get a grant, take her to buy some shoes, and she wants the same sort of garbage. She wants another pair of pretty shoes. You know that she has five pairs of shoes in the closet that she absolutely cannot wear because when you come to her home, she is barefoot and cannot even go to the grocery store because she has no shoes.

So you say: "Get yourself a pair of loafers, a pair of shoes with flat heels so the toes have room and you can walk." And then you have a fight on your hands.

I didn't want to force clients, but I couldn't go around saying, well, that's the way these people are, and still do my job. This sort of attitude was my job to combat as well as I knew how without really getting her up in arms.

So usually we would buy a pair of shoes that have some sort of adornment and some kind of heel. Sometimes when I would come back, the client would say, "Oh, the shoes you bought with me were just right!"

But then other times a client might say, "I'll never wear those things!"

That can happen, too. I can't tell you how great I was, that I knew everything. Not at all.

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It's true that I was known as a very good homemaker, but I certainly wasn't always successful.

I have worked a whole day with a client getting clutter away. I have taken it out, told her to call a garbage man to pick it up, and come back a week later to find that she had taken it all back in the house.

You can't get angry about that because clutter is one of the diseases of poverty. If you are so poor, everything becomes valuable. You do not want to open a closet and find only one pair of shoes and one dress for each child. And so when a good, "charitable" lady comes in with a box of garbage, you treasure it. Drawers, closets, the house, become filled with unusable things that nobody has the desire to throw out.

Getting rid of clutter is one of the hardest, hardest things to do. You try to get that house emptied so that afterwards the client might be able to keep it up. But lots of times you can't. You just struggle along and either you give up completely or the need of the client stays so acute that you have to keep on helping her even though you see there is no basic improvement.

The same with diet. If you do not know where the next meal is coming from, poverty will make you feel food is very, very important. Once again, people who have grown up and lived in want will feel that quantity is important.

Well, you know that the homemaker is supposed to teach nutrition. But if you go into a house and say, "Come on! We are going to try to give you nutritious food on your budget!" And you start talking about heads of lettuce and carrot sticks, you sound and you are ridiculous! Because if you were very, very hungry and I put in front of you one nice, big head of lettuce with a sweet cottage cheese dressing and big bowl of spaghetti, which would you eat? The spaghetti, of course.

Then there is something else: Obesity, especially in women, is a tremendous problem among the poor because if life is empty, you eat. You try to tell them that they can get their bellies full by eating a small piece of liver, a vegetable, and a pudding, and you go against what makes them tick.

Don't think that it is easy to teach nutrition or that it can be done in six lessons. I felt my way along and I tried to show that people can be satisfied by eating small amounts of good food. I have made attempts and I was more or less successful, but it doesn't make sense to tell you a lot of lies. For ten dollars an hour, a doctor can't teach it to his people either.

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In addition to these problems, we homemakers have something else to deal with and that is good, old-fashioned laziness.

I know nobody likes to use that word; it is outmoded. We say "motivation," but I think "lazy" is good enough for my level.

It is so much easier to stay in bed in the morning and have these children take some cold cereal out of a box and pour some milk over it. Half of one is on the table and three-fourths of the other is on the floor, and then mother starts screaming. But that is much easier than coming out, staying with these children, and preparing some kind of breakfast for them. A breakfast that isn't on the floor but in their tummies.

Well, I have never been able to explain to myself how people can be that inert. Maybe that's a better word than lazy.

This state of inertia must be a part of the general hopelessness or maybe it's because of poor health, poor nutrition. I've learned afterwards that many of our clients suffer from high blood pressure, which slows people down. Of course, women who give birth to a child every year are anemic.

So there are lots of things that produce this desire to stay put, that make it seem like work to move from here to there or to bend down and pick something up. And to combat that inertia, you try to make the person interested. You ask her to come and look, and maybe she will be curious enough to turn her head, if not her whole body. And, as I said before, you try to give these people some hope.

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Well, as the years passed, the demand for homemakers got bigger and the department was expanded. Now there are nine homemakers and we also have home helpers, homemaker aides, and homemaker supervisors.

Yes, the job of homemaker has changed tremendously and so have the clients. You know, they are far more hostile than they used to be, but at least they are alive.

Personally, I feel that this hostility and these welfare rights organizations are a sign of progress. If I were a welfare client, I can assure you that I would be hostile and angry and trying to fight something. It gives a person a little self-respect, don't you think?

You know, with one exception, I could always overcome hostility. I was never once thrown out of a client's house and then it happened to me two weeks before I retired. But afterwards the caseworker told me, "You don't know why I sent you there. That woman is a known dope addict, she has tangled with the police a couple of times. She's never without a gun or a knife. I sent you there because you are known as the gentlest homemaker and I wanted to get a court case against her."

That woman was irrational! Maybe I was lucky she only threw me out. But anyway, after 15 years, it finally happened to me!

Well, even though hostility is not very pleasant, it is something for the homemaker to work with. It is better to have a fighting client than to have to push a piece of mush. With a hostile client, it is much easier to talk and make sense than with someone who just doesn't care.

If you can show a hostile client that you are concerned about her welfare and that she will profit by your coming, then you can change hostility. But it is much, much harder to change indifference.

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I use that word profit on purpose. You see, a homemaker must be able to do something for a client. She cannot sit there on her rear end and teach or stand there and teach. She must become part of it and perform something so that woman will say, "Oh, I'm glad you came today. When can you come again?"

If the homemaker does not produce for the client, she is worth nothing. But as for being a maid . . . !

You know, when I had a family and I was working, I was doing most of my own housework. I would have well-meaning friends who would say, "Edith, you are the maid in that house! You serve your husband, you serve your children. Do they think you are their maid?"

And I would answer, "I am not their maid, I am the queen! Everything depends on me!"

And that is the truth. Nobody would come in there without asking, Where is mother? Where is my wife? You know, everything rotated around me. I was working very hard, but I was not being a maid.

I think this is the way I acted in my clients' homes. When I came into the house, I would take off my coat and then I would say, "Now let's see where we can start."

Somehow I would keep the lead. I was never the maid because I never said, "What shall I do?" In that moment you become a maid.

And manners-- just plain good manners--also keep a homemaker from being a maid. If Mr. Nixon were to walk in the door, I would treat him just as I treated my clients. Lazy clients, dirty clients, unfriendly clients, these people have the same feelings as anybody else and somehow these feelings have to be respected.

If you don't like people, you suffer on this job. You can't help a client. You must have regard for other people. A homemaker must have politeness and manners. If it's an act, it's nothing.

Well, you know you go into a client's home, you try to perform, and you go out in good faith. You've got to be a human being, a person who thinks.

And let's not forget the word kindness. You try to be kind. People feel that.

I think--and I hope--I was kind.

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Because, you see, this dirt and neglect is a much, much more severe problem than one that can be solved by teaching. It is more than not having what the social workers like to call "motivation."

It is not that these clients don't know any better; it's that they don't have the hope, the self-confidence. These people do suffer. They are hopelessly poor and condemned to continuous poverty.

This woman who has no hope, she is no rarity. That woman, no husband to help, with one baby after another, does not see herself in anything but squalor and in poverty, in constant bickering with the authorities, be it police, be it school--whatever.

Today this woman is 80 percent of our AFDC clients, black and white. No difference.

Some of our AFDC clients are very boisterous, but the hopelessness is there in most of them. They've also given up on themselves. That's why they have this tremendous urge to hang more and more clothes on and put more and more lipstick on . . . because themselves, they feel they are nothing.

You see, this is why I say that for this job of homemaker, a woman should be married so that she knows what sex and love and a man means. We are dealing with a society where sex and love are very important. And, you know, my white brothers make believe sex is not important. So a nice white lady might say to a client, "Well! Why are you getting so many babies? You are not married!"

No, I would not recommend a virgin for this job or someone under 35. I have nothing against virginity or young people. But to be a homemaker, you need to go through a few grinds of life and that takes time. A homemaker should have gone through the turmoil and agony of having and raising children and acquired the permissiveness and the tolerance that come with having children.

And even then, it's not easy to be a homemaker because these clients--all of them--see themselves as outcasts, as being different. And I suppose they are. The resources of a woman who is born and bred on welfare are entirely different from one who is not. That client is thinking, How can I get another nickel out of the social worker?

Her children are without the aspirations of other children. The idea of jobs is foreign to them. You ask them what they want to be when they grow up and they have never heard such a question.

No, people on welfare are miles away from the rest of us. We take our priorities for granted, but our values are not necessarily their values.

And so how does a homemaker deal with this hopelessness? Well, you know, if I had the answer to that, I would be a much, much better person and I would write a book and become a millionaire.

I have no scientific training, so I really don't know for sure, but I believe it is not enough just to educate these recipients. Somehow we must show them that the world is there for them to grasp.

You know, to give hope to people, you must treat them as what they are--equals. I never acted condescending because I never felt condescending. Somehow--and who am I to give you a formula!--I tried to make that woman feel that she was part of the world, that her problems were universal, and that they could be overcome, not always right away, but somehow.

Part IV

FINAL QUESTIONS AND ANSWERS: MEASURING THE NEED TO ACT

1. Who uses the Dictionary of Occupational Titles?

The DOT can be purchased by the general public from the U.S. Government Printing office. Most public libraries carry copies of the 1965 edition as a standard reference. The DOT also appears on the shelves of personnel and industrial relations offices throughout private industry. But the DOT's major customer and user is government. Sales of the third edition total more than 150,000 copies, the majority going to government manpower training, development, and research operations across the nation.

2. If few people outside of government actually use the DOT, then how can its treatment of women's work affect the general public?

The role that the DOT is being permitted to play in its present state is costly to men and women as taxpayers and job seekers. Government agencies in the business of manpower training, development, and research rely on the DOT as the most comprehensive source of job information to define the world of work. As of the third edition, manpower programs have been making increasing use of numeric DOT codes showing where jobs fit according to occupation and how they rank in terms of skill complexity within their respective occupations. But no one program affects more men and women by its strict adherence to the DOT than the U.S. Employment Service.

The DOT was first published in 1939 to provide the nationwide Employment Service network with a universal language of jobs. Today, the most recent edition, which defines much, but not all, of the world of work as it existed prior to 1965, is used to code the work history of each and every person looking for a job via the Employment Service. Similarly, Employment Service personnel convert all job orders from employers to DOT titles and codes. The final step in the Employment Service process is to make referrals by matching DOT-coded job applicants against DOT-coded job orders.

During the 1970s, informed Employment Service administrators began to advise their local office managers that the use of sex-discriminatory job titles, including the 3,200 found in the DOT, is in violation of equal employment laws and regulations. Still to be understood, acknowledged, and treated as an equally debilitating and expensive form of discrimination is the DOT's inaccurate depiction of the skills required to perform so-called women's work. Men and women who have been employed in nondegreed human service jobs in health, education, and welfare cannot be properly or fairly accommodated by a vision of the world of work that is dated or prejudicial. Unless they or the Employment Service professionals refuse to limit the job search to that DOT-defined family of jobs bearing the .878 skill-complexity code, human resources on both sides of the Employment Service desk are being wasted in a costly manner.

Beyond regular Employment Service activities, there exists no better illustration of the wide-reaching, highly discriminatory impact of the DOT than the policy of using the sum of the three-digit skill-complexity code to determine first the permissibility and second the duration of government subsidized on-the-job training contracts. Two U.S. Department of Labor programs, Apprenticeship and the Work Incentive Program (which operates under the auspices of the Employment Service in most states), use the sum of the three-digit skill-complexity code to determine the length of their clients' on-the-job training contracts. The number of weeks and days for which an employer can be reimbursed are shown in the tables below.[1]

DOT CODE--TRAINING TIME CONVERSION CHART FOR NONDISADVANTAGED

SKILL LEVEL CODE	MAXIMUM WEEKS/ DAYS OF TRAINING		SKILL LEVEL CODE	MAXIMUM WEEKS/ DAYS OF TRAINING	
	Wks	Dys		Wks	Dys
10	22	110	17	13	65
11	21.5	107.5	18	11.5	57.5
12	20.5	102.5	19	10	50
13	19	95	20	8.5	42.5
14	17.5	87.5	21	7	35
15	16	80	22	5.5	27.5
16	14.5	72.5	23	4	20

DOT CODE--TRAINING TIME CONVERSION CHART FOR DISADVANTAGED

SKILL LEVEL CODE	MAXIMUM WEEKS/ DAYS OF TRAINING		SKILL LEVEL CODE	MAXIMUM WEEKS/ DAYS OF TRAINING	
	Wks	Dys		Wks	Dys
10	44	220	17	26	130
11	43	215	18	23	115
12	41	205	19	20	100
13	38	190	20	17	85
14	35	175	21	14	70
15	32	160	22	11	55
16	29	145	23	8	40

The implementation of an exception to this policy has placed women--particularly AFDC recipients, who constitute more than 75 percent of the Work Incentive Program's clientele in the North and 100 percent in the South--at the greatest possible disadvantage as job seekers. In 1973, the U.S. Department of Labor placed a nationwide prohibition on negotiating on-the-job training contracts for any job rated at an .878 in the *DOT* and paying less than

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[1] U.S. Department of Labor, *Jobs Optional Program Employer's Proposal Package* (Washington, D.C.: U.S. Government Printing Office, 1971), pp. 7, 8.

$2.50 an hour. The acceptance of the DOT's evaluation of women's work reduced to a new low the manpower professional's capability for developing meaningful, entry-level jobs in the human service sector.

3. Other than some jobs running the risk of being determined unsuitable for subsidization, what is objectionable about using the sum of the skill-complexity code to calculate training time or comparative job values?

A job analyst need not be a feminist to object to the manipulation of published DOT data to serve a purpose for which it was not intended. According to its chief administrator, Leon Lewis, the Division of Occupational Analysis has formally protested the policy of adding the three digits of the skill code to determine the duration of government on-the-job training contracts. For reasons of its own, as stated below, the DOT Research Project staff concurs with the Division's position that this use of the Data-People-Things ratings is untenable.

1. The sum of the three-digit skill-complexity code cannot be used to calculate training time for women's work because, as the DOT Research Project has shown, these jobs have been systematically underrated and/or neglected in the DOT.

2. A second factor invalidating the use of published DOT skill-complexity codes as an index to training time is the fact that the user does not have access to the real or raw Data-People-Things values assigned to jobs.

   As explained in Part II of this report, the number 8, which stands for No Significant Relationship, is reserved exclusively for published skill-complexity codes, when by some undefined criteria, a particular function does not appear to be critical to the performance of a job. Thus, while the published code of .878 for HOMEMAKER bars this job from contract considerations, its real or raw code (according to the data bank for the 1965 edition of the DOT) of .474 is worth 32 weeks of on-the-job training for disadvantaged clients.

3. A third reason for disputing the training time procedure is that the worker functions which constitute the three separate Data, People, and Things listings are not arranged in hierarchical order. Therefore, the numbers that have been assigned to the various People functions, for example, cannot be interpreted as defining relative complexity in any but the most general sense. Nor can any but the most general statements be made about the comparative complexity of, say, a Data function assigned the same number as a People or a Things function. This means that adding the Data-People-Things digits makes no better sense for men's work than it does for women's jobs.

Part II of this report details the basis for maintaining that the People listing is not a true hierarchy. At the express direction of the project proposal, project analysis focused on the validity of the so-called People "hierarchy," the thinking being that derivatives of homemaking and mothering are basically People-oriented. But since project work required complete job analyses, analysts were required to become equally adept at employing the Data and Things "hierarchies."

Among Field Center analysts, it is a well-known fact that the Things listing lacks the homogeneity to qualify as a true hierarchy. This category actually consists of two hierarchies in one, with levels 1, 4, and 7 reserved for nonmachine relationships and the remainder expressing only those functions where machines are present.

As for the Data "hierarchy," it was the subject of a special research project assigned in the 1960s by the Division to the Washington State Field Center in Seattle. In their final report submitted in 1965, Center analysts noted that their colleagues "have difficulty in accepting the hierarchical structure of the Data hierarchy."[2] Recommendations included the request that the Division "redefine or elaborate on the present Data functions in order that the existing confusion on the part of the analysts be substantially reduced."[3]

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[2] "Evaluation of the Adequacy of Job Analysis Techniques," Project 19, Washington Occupational Research Field Center, May, 1965, p. 8.

Four years later, in a study funded by the U.S. Department of Labor, James G. Scoville of Harvard University identified what he believed to be the source of confusion in the Data listing:[4]

> . . . functional levels 4, 5, and 6 are more representative of different types of work than/levels . . . . In a sense what we see here is a "hierarchy," which, in the final analysis, reflects the lowest skilled data relationships for three different types of jobs. Whether a skill or promotion hierarchy exists (or has been accurately laid down), becomes irrelevant in a case like this.

4. Since the last edition of the DOT, what has been done to improve the Data-People-Things scheme and to correct questionable DOT codes assigned to women's work so that manpower programs can better serve the public?

Despite the recommendations of the Washington State Field Center, the obvious discrepancies in the Things listing, and the admission in the third edition of the DOT that the People "hierarchy" is "somewhat arbitrary," the Division of Occupational Analysis has made no move to correct or modify the Data-People-Things scheme. Instead, its Handbook for Analyzing Jobs, issued in 1972, states that the Data-People-Things listings are hierarchies,[5] thus encouraging the user to assume that there is merit in adding the three digits to determine training time.

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[3] "Evaluation of the Adequacy of Job Analysis Techniques," p. 32.

[4] James G. Scoville, Concepts and Measurements for Manpower and Occupational Analysis (Springfield, Va.: Office of Manpower Research, U.S. Department Labor, 1969), p. 37.

[5] U.S. Department of Labor, Handbook for Analyzing Jobs (Washington, D.C.: U.S. Government Printing Office, 1972), p. 4.

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As for questionable codes, the DOT Research Project constitutes the major effort to evaluate the DOT's treatment of nondegreed jobs in the human service sector. This might not have been the case had manpower programs made maximum use of another avenue of change, Form 282, prior to the project's materialization. Even now it is doubtful how many local Employment Service staff know of the existence of the Occupational Code Request (Form 282), which can be used to alert the Division to questionable DOT codes.

The original purpose of Form 282 was to provide Employment Service personnel with a way to obtain codes direct from the Division for jobs that could not be located in the DOT. However, there is no reason why the one-page form cannot be employed as a cover sheet for a fully developed job-analysis schedule prepared to show the need for altering existing DOT codes.

The routine submission of detailed Occupational Code Requests by manpower agencies could effect a number of changes critical to improving the quality of the DOT. First, the Division would be obliged to review its processing capabilities. At the present time, minimum turn-around time for Form 282 is three months. Frequently, no response is issued by the Division to the point of origin, even after the request has been processed. Moreover, Division reviewers have made a practice of abiding by 1965 edition codes, perhaps because they make their evaluations without the benefit of on-site job observations. So serious had the situation become by 1972 that the head of one Field Center proposed that the 282 issue be the topic of discussion at the annual Field Center supervisors meeting. In correspondence intended for Field Center wide circulation, he defined the problem as follows: "National Office unilaterally changes codes on occupational code requests (282) to conform to those already in the DOT. This frequently complicates center consulting relations with manpower training programs."

The logical solution would be for the Division to delegate the review of Occupational Code Requests upon receipt to those Field Centers in proximity to the jobs in question. By assuming a monitoring role, the Division of Occupational Analysis could then attend to the business of evaluating the nature of Occupational Code Requests as a basis for reordering industry study priorities.

5. In terms of staffing, does the Field Center network have the capability to evaluate nondegreed human service jobs traditionally associated with women?

Field Center capability can be viewed two ways: according to quantity and according to quality. In terms of quantity or manpower, the Division of Occupational Analysis relies upon its ten Field Centers to collect, analyze, and prepare the data for the DOT. The number of analysts employed by any one center ranges from 6 to 17, for a systemwide total of slightly more than 100. Together with their clerical support, these analysts are responsible for covering the world of work in its entirety. Considering that the last edition of the DOT contained entries for 21,741 separate occupations, a staff of 100 analysts hardly seems adequate to meet the challenge, whether the issue is men's jobs or women's. In 1974, nine years after the publication of the third edition, there still remained a few industries that hadn't been studied and a number of others that had received only cursory attention by Field Center analysts.

If the DOT is to maintain its reputation as the world's most comprehensive source of job information, traditional women's work can no longer be excluded or shortchanged, particularly since the human service sector is a major employer in this nation's economy. Under the circumstances, the fair and just treatment of women's work cannot be made to wait upon the expansion of Field Center staff at some unknown date in the future. What is required now is a reordering of priorities coupled with a study to determine the most efficient utilization of Field Center staff.

In terms of quality, the DOT Research Project staff drew its conclusions on the basis of its work with the Wisconsin and North Carolina Field Centers. Both operations are staffed by individuals who expressed themselves as being eager for the introduction of changes in policies and procedures which will both increase the satisfaction to be derived from their jobs and improve the product with which they are associated. A number of analysts openly shared the project's concerns and were actively seeking solutions to some of the problems discussed in this report as well as others beyond the scope of this study.

But the vast majority had had little or no experience analyzing non-degreed human service jobs and almost all of the analysts were men. In fact, for more than a year, the DOT Research Project analysts were the only women working in the Wisconsin Field Center[6] in a nonclerical capacity. Until 1973, only one woman had ever been employed as an analyst by the Wisconsin Field Center. As for North Carolina, of the 15 professionals on its staff in 1973, 14 were men.

There is every reason to believe that women have been victims of illegal sex-discriminatory hiring and promotion policies in the Field Center system. The job of analyst cannot be said to require bona fide sex-related qualifications. Nevertheless, a survey conducted by the project in September, 1973, when there were only eight field centers, revealed that women comprised only 19 percent of the total nonclerical Field Center staff. Statistics shown below include supervisory personnel. None of the ten Field Center chiefs are women.

FIELD CENTER	MEN	WOMEN
California	8	5
Florida	7	1
Michigan	8	4
Missouri	9	3
New York	16	2
North Carolina	14	1
Washington	9	3
Wisconsin	13	1
Totals	84	20
	104	

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[6] The project analysts, however, were employed by University of Wisconsin--Extension. By the terms of the contract, they were housed at the Wisconsin Occupational Analysis Field Center to receive technical assistance on a daily basis.

The preferential treatment enjoyed by men as applicants for Field Center vacancies seriously detracts from the system's capability for according women's jobs their rightful place in the DOT. That is not to say that men as job analysts cannot be trained to evaluate women's work (as they have been trained to analyze Thing-oriented jobs) or that some do not come equipped with a thorough knowledge of People-oriented jobs. But in light of the realities of sex-typed child-rearing practices and the resulting stereotyping of adult male-female roles, women constitute the labor pool with the greatest number of individuals qualified to define, debate, and evaluate the wide range of salaried jobs that are derived from homemaking and child rearing.

The fair and just treatment of women's work requires being reminded of its importance by women working within the system on a permanent, full-time basis at all levels in numbers equal to the percentage they comprise of the labor force. Only when the Field Center system acts to balance its work force can it be said that it has the capability to do women's work justice.

6. What action can interested parties take to eliminate sex discrimination from future editions of the DOT?

The U.S. Department of Labor houses the Division of Occupational Analysis. In order to ensure that the DOT is bias free, its administrators should first determine whether the Division and its Field Center operation have the staff required to produce a comprehensive, accurate, and useful job-by-job compendium of the world of work. No operation can be expected to yield an acceptable product or provide a necessary service if it lacks the human and monetary resources to carry out its objectives.

For its part, the Division of Occupational Analysis can initiate action to eliminate sex discrimination from the DOT by assigning top priority to the on-site coverage of human service jobs and the evaluation of DOT Research Project work submitted for the forthcoming edition of the DOT. Moreover, there is a critical need for the reinstatement of the research and development activities that were conducted under the direction of the Division on a Field

Center wide basis during the 1960s. Projects devoted to improving features such as the People hierarchy and the Industry Arrangement are essential for the fair treatment of human service jobs, owing to the fact that the development of present DOT job analysis and classification system reflects a preoccupation with work oriented toward Data and Things.

As the data-collection agent, the Field Center system must also act to resolve the problem of sex discrimination. The development and implementation of affirmative action hiring practices should go hand in hand with an active commitment to conduct thorough studies of human service jobs, including all those not presently entered in the 1965 edition of the DOT. Furthermore, Field Center analysts should take advantage of their position to speak knowledgeably of DOT job analysis theory by constantly evaluating its adequacy, particularly as applied to nondegreed human service jobs.

All manpower training, development, and research programs can play a role in the effort to eliminate sex discrimination, first by recognizing that it exists in the DOT. Before implementing a policy that relies upon the contents of the DOT, manpower program administrators should seek the advice of the Division of Occupational Analysis to determine if that policy is sound and fair. Clearly, manpower programs would be infinitely better served if they would acquire job analysis capability to evaluate any utilization of the DOT and to develop alternative proposals where appropriate.

Finally, interested persons--taxpayers, job seekers, feminists--are in a position to effect change by becoming knowledgeable about the DOT, its contents, and its uses. Reading this report is a logical first step, since it is the only study devoted to sex discrimination in the DOT as viewed by persons trained and experienced in the concepts and application of DOT job-analysis theory. Although it is one of a kind, this report is not intended to stand alone. Much more can and should be addressed to the subject of those policies and procedures that contribute to the bias of the DOT; for as long as the federal government sponsors manpower training, development, and research programs, the Dictionary of Occupational Titles will continue to exist as an attempt to fill a vital need.

APPENDIX A

DOT DEFINITION

CODE 099.228

DOT TITLE

WTA GROUP NA

1. DOT TITLE AND CODE: 099.228

2. PLANT TITLE: Family Day Care Mother (family day care parent)

3. ______________________ 4. ______________________

5. JOB DEFINITION: Cares for and instructs infants and children in home to promote normal physical, emotional, cognitive, and social development: Plans activities according to ages and level of development of each child to alternate play and instruction and prevent overstimulation and physical exhaustion. Evaluates child's state of health to procure assistance with medical problems or child abuse. Encourages children to participate in activities and games designed to promote muscle development and physical health. Displays affection, interest, and disciplines children to promote normal and healthy social behavior and emotional development. Demonstrates exercises designed to teach practical life skills such as shoe lacing and buttoning. Engages in activities such as storytelling and color sorting to foster development of cognitive skills such as classification, seriation, spatial and temporal relationships and language skills. Assists children with dressing and toileting to promote cleanliness and self-care. Serves nutritious snacks and meals to insure good health, and to teach good eating habits and food enjoyment. Discusses child's behavior with parents to identify problems and suggest solutions. Makes (fashions) toys, games, and educational equipment from household items and scraps. Performs basic housekeeping tasks to provide safe and clean environment for child.

542-0300-1154-8

Estab. & Sched. No.

6. RATINGS

GED	1	2	3	(4)	5	6					
SVP	1	2	3	4	5	(6)	7	8	9		
Aptitudes	G	V	N	S	P	Q	K	F	M	E	C
	2	3	3	3	3	4	3	3	2	3	4

WORKER FUNCTIONS:

(D)	(P)	T
2	2	4

Temperaments (D)(F) I (J) M (P) R S T (V)
Interests 1a (1b) 2a 2b 3a 3b (4a) 4b 5a 5b
Phys. Demands S (L) M H V 2 (3)(4)(5) 6
Environ. Cond. (I) O B 2 3 4 5 6 7

WORK FIELD (S) 296-Teaching; 294-Healing-Caring

M.P.S.M.S.: 906-Child and Adult Care; 941-Educational Services

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15. Description of Tasks

1. Prepares environment, toys, and instructional materials and meals: Performs housekeeping chores to maintain home according to cleanliness standards and safety regulations of the agency. Saves used items, old clothes, and scraps such as string, bottles, cans, to use to make equipment such as dolls, blocks, trains for children to play with. Sews bags and fills with beans to make bean bags. Cuts pictures from magazine to paste on paper. Sews or laces paper together with thread to make books. Draws faces on thread spools and pastes on handle to make puppets. Pours sand in empty cartons and covers with paper to make blocks. Measures and mixes ingredients such as flour, water, and food coloring, to make paste, putty, and paint. Ties empty cardboard boxes together with string to make train. Collects empty bottles and cartons as storage for children's treasures or to use with counting and classifying lessons. Warms baby formulas to proper temperature for feeding. Heats soups, makes sandwiches, and cooks eggs. Washes and peels fruits and vegetables to serve children. (15%)

2. Evaluates child's general state of health: Observes child on arrival to determine signs of illness such as pallor, rashes, or cough and signs of abuse such as bruises or cuts or to be aware of developmental problems. Calls parents to inform of child's illness and requests child be taken home. Informs Coordinator to solicit help in locating parents or to report abuse. Consults agency staff for assistance and advice in special medical problems. Administers first aid for small injuries such as bruises and cuts, and in emergencies until doctor is obtained. (5%)

3. Establishes daily routine: Greets child daily with smile and touch to make child feel comfortable and minimize anxiety created by parents' leaving. Plans activities to provide time for instruction and play, according to ages and level of development of each child. Alternates strenuous activities with quiet activities and rest periods to prevent overstimulation and physical exhaustion. Directs children to play outside and takes children on trips to places such as parks, zoos, to vary environment and to encourage child to utilize large muscles in play such as running, jumping, swinging, and skipping. Cooks meals and prepares nutritious snacks and lunches for children according to understanding of child's daily food requirements and tastes. Assists child with dressing, toileting, and table manners to teach self-care and cleanliness. Bathes and diapers infant as necessary to insure comfort and happiness of child and to prevent infection. (20%)

4. Nurtures child's emotional-social development: Holds child and infant to promote feelings of security and love. Smiles and talks to infant to make baby feel wanted and to encourage normal development of early speech patterns. Caresses and holds child or rocks infant to comfort when upset or injured. Addresses child by name to foster sense of importance and positive self-image. Listens to child's talk and ask questions about activities to encourage natural curiosity and speech. Monitors children's play to prevent injury, and foster social interaction and cooperative behavior such as sharing. Disciplines child in consistent manner to discourage negative behavior and to instill sense of justice and fair play. (20%)

5. Instructs children: Moves colored or noise-producing objects before infant to foster eye coordination. Places infant in different positions, encourages infant to kick and splash in bath and to reach for objects to promote muscle development. Assists child in placing objects in different-sized containers to develop motor control and object-size relationship discrimination. Demonstrates craft skills such as cutting, pasting, drawing and finger painting, and practical life skills such as shoe lacing, buttoning, and zippering, to introduce new skills and promote motor control. Asks child to feel several kinds of materials to experience tactile differences. Performs special exercises or gives special tutoring as agreed upon with parents to correct child's physical problems or handicaps such as toilet training or walking difficulty. Mimics child's sounds and words to encourage repetition and to reinforce correct pronunciation. Sings rhymes such as "Pat-a-cake" and "Peek-a-boo" to introduce and reinforce use of new sounds and words.

15. Description of Tasks (continued)

Makes up stories and reads book using dramatic gestures to foster language development and interest in learning. Participates in make-believe games and dramatic play to encourage child to test real-life situations and adult roles. Points to and names objects and parts of body to teach child to recognize and identify objects. Separates and arranges, according to shape, size, color, and quantity, objects used in daily activities such as setting table to demonstrate classification and seriation skills. Instructs children in exercises designed to promote understanding of spatial and temporal relationships. Urges child to undertake activity or exercise on own. Answers questions and discusses child's personal observations about physical or biological phenomena such as weather or animals to teach basic ideas about science. Persuades child to try different foods served to promote food enjoyment and good eating habits. (35%)

6. Confers with parents: Talks to parents to determine hours of care and to receive special instructions concerning child. Discusses child's overall behavior and progress. Advises parents on method to solve problem. Encourages parent to feed child nutritious meals and to maintain similar routine at home. (5%)

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16. Definition of Terms

1. Classification: The ability to recognize similarities and differences among objects and to be able to group them accordingly.
2. Seriation: The ability to arrange objects in an order by size, quality, or quantity.
3. Spatial relations: Awareness of body and concepts of position (in/out), direction (to/from) and distance (near/far).
4. Temporal relations: The understanding of time sequence such as beginning and end or before and after.

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18. Analyst P. Naherny Date 6/73 Editor I. Gagainis Date 9/73

Reviewed By ______________________ Title, Org. ______________________

National Office Reviewer ______________________

APPENDIX B

DOT DEFINITION

1. DOT TITLE AND CODE: 354.354

2. PLANT TITLE: Home Health Aide 3.

4.

5. JOB DEFINITION: Performs in-home personal care services, including nonprofessional nursing tasks, under the supervision of a professional nurse, to provide for the physical and emotional comfort of convalescent or chronically ill patients and to promote independence for the purpose of preventing or postponing institutionalization: Oversees patients' adherence to medical regime by administering medications as directed, preparing nutritious meals and special diets, and assisting patients to perform activities including ambulation and specified physical therapy exercises. Gives baths,applies liniments, changes linens, and maintains cleanliness of patients' hair, mouth, teeth, and nails. Administers enemas, douches, and tube feedings, changes simple sterile dressings and tests urine samples as directed by professional nurse. Irrigates and removes catheters, suctions tracheotomy tubes and performs colostomy irrigations as trained and instructed by professional nurse. Persuades and encourages patients to cooperate with nursing care plan and to attempt activities to foster independence within limits as defined by professional and medical personnel. Listens to patients and provides reassurance and simple diversions, such as reading materials, to counter problems of loneliness, fear, anxiety, and depression. Performs light housekeeping tasks. Maintains patient records as instructed, noting items such as pulse, temperature, and elimination activities. Watches for and reports specified signs and symptoms and other significant changes in patients' physical and mental condition. Confers with supervising nurse to file periodic reports of patients' progress.

CODE 354.354

DOT TITLE

WTA GROUP p. 479-Child and Adult Care

542-0035-1554-1

Estab. & Sched. No.

6. RATINGS

GED	1	2	3	(4)	5	6					
SVP	1	2	3	4	5	(6)	7	8	9		
Aptitudes	G	V	N	S	P	Q	K	F	M	E	C
	3	3	3	4	4	3	3	3	3	4	4
Temperaments	D	F	(I)	(J)	M	(P)	R	S	T	V	
Interests	1a	1b	(2a)	2b	3a	3b	(4a)	4b	5a	5b	
Phys. Demands	S	L	(M)	H	V	2	(3)	(4)	(5)	(6)	
Environ. Cond.	(I)	O	B	2	3	4	5	(6)	(7)		

WORKER FUNCTIONS:

(D)	(P)	(T)
3	5	4

WORK FIELD (S) 294-Health-Caring; 146-Cooking-Food Preparing; 031-Cleaning

M.P.S.M.S.: 937-Public Health Services

* * * * *

15. Description of Tasks

Performs in-home personal care services, including nonprofessional nursing tasks, under the supervision of a professional nurse to provide for the physical and emotional comfort of convalescent or chronically ill patients and to promote independence for the purpose of preventing or postponing institutionalization.

1. Studies assignment: Reads supervising nurse's care plan to inform self of patients' problems and types of services required. Considers factors such as nature, extent, history, and prognosis of illness or disability. Confers with Nurse Supervisor to receive additional data omitted on plan, but critical to performance, such as size of patient family, general living conditions, and serious behavioral problems. (5%)

2. Makes patients' acquaintance: Visits patients' homes unescorted or in the company of Nurse Supervisor, meets patients, and explains home health aide services. Initiates and encourages conversation to establish working relationship and to gain confidence of patients. Observes patients' appearance and reactions to adjust approach to conform to various physical conditions, mental limitations, and emotional states. Questions patients concerning hobbies or interests to determine methods of stimulating mental activity and eliciting positive response to prescribed home health aide care. (10%)

3. Oversees patients' adherence to prescribed medical regime: Counts or measures oral medications according to specified dosage and administers them to patients at proper intervals as directed by Nurse Supervisor. Selects, measures, combines, and cooks foods according to recipe to prepare nutritious meals including prescribed special diets, such as diabetic, low fat, or salt free. Feeds or assists patients to eat meals. Supervises and monitors patients' rest and activity periods in conformance with medical orders. Directs, encourages, and assists patients to perform simple exercises as instructed by physical therapist to develop or restore muscle functions. Turns bedridden patients with limited movement and protects skin with lubricants and powders to prevent or relieve decubitus ulcers (bed sores). Applies hot soaks and nonmedical preparations and treatments, such as liniments or alcohol rubs and heat lamp stimulation. (15%)

4. Performs routine personal care and nonprofessional nursing tasks: Changes soiled bed linens, administers tub or bed baths, and assists in the care of hair, skin, nails, teeth, and mouth to maintain personal cleanliness of patient. Helps ambulatory patients to bathroom or positions bedpan for bedridden patient to facilitate elimination. Performs or aids patient to perform dressing and undressing tasks. Guides and steadies patients with ambulation and getting in and out of bed, chairs, lifts, and walkers. Prepares and administers enemas, douches, insulin injections, and tube feedings under the direction of Nurse Supervisor. Irrigates and removes catheters (see Exhibit A), suctions tracheotomy tubes, and performs colostomy irrigations (see Exhibit B), as trained and instructed by Nurse Supervisor. Changes simple sterile dressings, using sterile instruments and applications to keep area around wound clean and free from contamination following Nurse Supervisor's instructions. Tests urine at Nurse Supervisor's request to determine sugar and albumen content and presence of acetone bodies by adding specific reagents to samples and noting changes in color. (25%)

5. Promotes patient's recovery or improvement: Employs devices such as banter and cajolery to persuade antagonistic or unresponsive patients to cooperate with plan of medical care. Listens and responds to patients with expressions of general interest and reassurance to counter problems of loneliness, depression, anxiety, and fear. Suggests and assembles materials for activities, including reading, games, and crafts, to divert patient. Selects and articulates words to assist aphasic patients to re-learn speech under the direction of speech therapist. (See Exhibit C, an excerpt from this establishment's Home Health Aide handbook which every worker receives upon be-

15. Description of Tasks (continued)

ing hired.) Devises ways to stimulate patients' interest and boost morale, such as urging and helping patients to try new hairstyles and cosmetics or preparing and serving eye-appealing meals. Informs patients of medically prescribed and proscribed activities and encourages and assists patients to attempt personal care and household tasks to foster independence within limits as defined by professional medical personnel. Praises patients' attempts to perform prescribed activities. Solicits cooperation and understanding of patients' families to promote welfare of patients. (15%)

6. Monitors and reports patients' conditions: Takes temperature, pulse, and blood pressure when directed. Maintains patient records as instructed, noting items such as temperature, pulse, dietary and fluid intake, sleep, medications, and elimination activities. Watches for specified symptoms and signs, such as source, color, and types of discharges, and other significant changes in patient's physical and mental condition and reports them to supervisor, doctor, or emergency squad personnel, depending on gravity. Confers with Nurse Supervisor to file periodic routine reports of patient's progress and to recommend changes in nursing care plan, documenting judgments with descriptions of patients' overt behavior and problems. (15%)

7. Maintains safe, clean environment: Cleans and straightens patient's quarters, using equipment available, such as mops, brooms, vacuum cleaners, cleansers, and dustcloths to maintain safe, orderly environment. Sorts, launders and irons linens and apparel. Shops for groceries and other items for patient as authorized by Nurse Supervisor. Innovates when necessary by finding new uses for household equipment to compensate for inadequate possessions. (15%)

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18. Analyst Mary Witt Date 9/73 Editor ____________ Date ________

Reviewed By ____________________ Title, Org. ____________________

National Office Reviewer ______________________________

CODE 195.354

DOT TITLE

WTA GROUP Child and Adult Care - p. 479

542-0049-1550-1
Estab. & Sched. No.

APPENDIX C

DOT DEFINITION

1. DOT TITLE AND CODE: 195.354

2. PLANT TITLE: Homemaker Aide 3.

4.

5. JOB DEFINITION: Performs and teaches specified household management tasks under the direction of professional staff to maintain and improve home life of social service agency clients: Reads client referral provided by caseworker to secure data critical to case. Visits client's home and explains homemaker services. Initiates conversation and listens to client's problems to establish and maintain working relationship. Performs assigned homemaking tasks, such as cooking, cleaning, ironing, and laundering, using equipment available in client's home. Encourages and teaches client to perform household maintenance tasks, observing limitations of age, and physical and mental disabilities. Writes routine daily reports to apprise supervisor of number and names of clients served and nature of tasks performed. Confers with supervisor to recommend continuation, expansion, or discontinuation of homemaker services, documenting judgments with descriptions of client's progress and overt problems. Notifies superiors of developments requiring their intervention, such as evidence of child abuse.

6. RATINGS

GED 1 2 3 (4) 5 6
SVP 1 2 3 4 5 6 7 8 (9)

Aptitudes	G	V	N	S	P	Q	K	F	M	E	C
	3	3	3	4	4	4	3	4	3	4	4

Temperaments D F (I)(J) M (P) R S T (V)
Interests 1a (1b) 2a 2b 3a 3b (4a) 4b 5a (5b)
Phys. Demands S (L) M H V 2 3 (4)(5) 6
Environ. Cond. (I) O B 2 3 4 5 (6) 7

WORK FIELD (S) 031-Cleaning
282-Information-Giving; 294-Healing-Caring; 146-Cooking-Food Preparing

M.P.S.M.S.: 951-Social Welfare

WORKER FUNCTIONS:

(D)	(P)	(T)
3	5	4

* * * * *

15. Description of Tasks

Performs and demonstrates specified household management tasks under the direction of professional staff to maintain and improve home life of county welfare agency clients:

1. Studies assignment: Reads caseworker's referral to determine types of homemaker services requested and nature of client's situation. Discusses assignment with supervisor or caseworker to secure data omitted on referrals but critical to performance such as size of client family, age of client, language spoken, general living conditions, serious behavioral problems, and any illnesses or disabilities. (10%)

2. Verifies client needs: Visits client's home, introduces self, explains homemaker services, and confirms client's desire for homemaker assistance. Surveys living quarters and observes client's conduct and appearance to verify needs specified on referral. Recommends rejection of assignment if not within scope of program. Initiates conversation and listens to client's problems to establish and maintain working relationship and to detect extent of homemaker services required. Writes routine daily reports to apprise supervisor of number and names of clients served and nature of tasks performed. Confers with supervisor to recommend continuation, expansion, or discontinuation of homemaker services, documenting judgments with descriptions of client's overt physical, mental, and emotional problems. Notifies supervisors of developments requiring their intervention, such as evidence of child abuse. (20%)

3. Persuades clients to assist selves: Identifies and uses mutual interests, attitudes, and experiences to persuade client to recognize the desirability and feasibility of self-improvement. Reads articles explaining various physical and mental handicaps to understand limitations of client and to learn simple teaching devices. Encourages and assists client to perform routine household maintenance tasks, such as dusting, mopping, sweeping, laundering, ironing, and culling and straightening possessions in order to illustrate efficient methods of housekeeping. Advises client concerning special diet needs and demonstrates fundamentals of food preparation, using recipes, utensils, and appliances available in the home. Shows client how to make minor household repairs, such as changing fuses, and explains household bookkeeping and budgeting procedures to provide instruction in money management. Teaches basic child-rearing and maintenance techniques, such as toilet training, first aid, and formula preparation. Counsels client to practice good hygiene. Reviews and praises client's attempts at effecting positive change to reinforce desired behavior. (15%)

4. Performs homemaking tasks: Cleans and straightens client's living quarters, using equipment available, such as mops, brooms, vacuum cleaners, cleansers, and dustcloths to maintain orderly environment. Sorts, launders, and mends clothing and linens by hand or machine and irons apparel. Plans, cooks, and serves meals, including special diets when required, using recipes, provisions, and appliances available. Bathes, dresses, feeds, and looks after infants and small children on a short-term basis to preserve the family unit in the absence of parents, usually owing to illness or other medical reasons. Maintains discipline and provides emotional comfort and entertainment to the young and elderly. Shops for groceries and other items, and records expenditures to sustain the incapacitated and the young within their means. Innovates, when necessary, by making substitutions in recipes and finding new uses for household items to compensate for inadequate possessions and provisions. (55%)

DOT TITLE ________ CODE 195.124

WTA GROUP None

APPENDIX D

DOT DEFINITION

1. DOT TITLE AND CODE: 195.124

2. PLANT TITLE: Homemaker I, Homemaker II

3. ________ 4. ________

5. JOB DEFINITION: Coordinates and performs household management activities under the direction of professional staff to teach homemaking and personal care skills to social service agency clients and to aid in the preservation of the family unit: Reviews client referral from caseworker to secure data critical to case. Visits client's home to explain homemaker services and observe environment and conduct of client. Develops and refines agenda of homemaking activities to conform to client's needs and abilities. Identifies and uses mutual interests, attitudes, and experiences to persuade client to make positive response to assistance. Directs and assists client to perform household maintenance tasks in order to illustrate efficient methods of housekeeping. Advises client concerning child rearing, proper nutrition and hygiene. Demonstrates food preparation fundamentals, minor household repairs, and budgeting procedures. Shops with client to provide instruction in money management. Performs household tasks, such as cooking, cleaning, ironing and laundering, for incapacitated clients. Provides child care on short-term basis. Submits requests for agency grants to provide clients with essential goods and services. Encourages client to seek supplemental assistance from other community resources. Notifies superiors of developments requiring their intervention, such as evidence of child abuse. Prepares reports to apprise superiors of client's progress.

542-0085-1549-1
Estab. & Sched. No.

6. RATINGS

GED	1	2	3	4	(5)	6					
SVP	1	2	3	4	5	6	7	8	(9)		
Aptitudes	G	V	N	S	P	Q	K	F	M	E	C
	2	2	3	4	4	3	3	4	3	4	4
Temperaments	D	F	(I)	(J)	M	(P)	R	S	T	V	
Interests	1a	(1b)	2a	2b	3a	(3b)	(4a)	4b	5a	5b	
Phys. Demands	S	(L)	M	H	V	2	3	(4)	(5)	6	
Environ. Cond.	(I)	O	B	2	3	4	5	6	7		

WORKER FUNCTIONS:

(D)	(P)	(T)
1	2	4

WORK FIELD (S) 296-Teaching

M.P.S.M.S.: 951-Social Welfare

* * * * *

15. Description of Tasks

1. Studies assignment: Reviews caseworker's referral to obtain information concerning types of homemaker services requested and nature of client's situation. Confers with caseworker or supervisor to secure data critical to case, such as size of family, age of members, language spoken, financial status, general living conditions, serious behavioral problems, and any illnesses or disabilities. Consults with supervisor to recommend disposition of case based on an appraisal of reported client needs and homemaker unit resources. (10%)

2. Evaluates client: Accompanies caseworker on home visit to meet client, explain homemaker services, and confirm client's desire for homemaker assistance. Observes appearance and conduct of client for evidence of interests and temperament to formulate method of developing rapport. Initiates conversation and listens to client's problems to determine client's needs, abilities, and self-image. Surveys condition of living quarters and watches client interact with family to evaluate homemaking and human care skills. Formulates written and/or oral reports to apprise superiors of client's progress. (15%)

3. Arranges for assistance: Takes inventory of household possessions and provisions to determine client's material needs. Submits written and/or verbal requests for agency grants to provide client with essential goods, such as beds, clothing, and food; services, such as medical treatment; and adequate housing, if necessary. Explains services and benefits unique to other community programs and resources and encourages client to take advantage of their availability to facilitate the resolution of family and individual problems. Escorts client and family to doctor's office, community agencies, and stores to assist in obtaining services and conduct business transactions. Notifies supervisor or social worker of developments requiring their intervention, such as evidence of child abuse. Contacts police and fire department in case of emergency requiring their attendance. (10%)

4. Plans activities: Develops an agenda of activities, such as cleaning, budgeting, and shopping, to fulfill the general objectives stated on the caseworker's referral. Estimates hours required per week to implement plan and confers with client to set up home visitation schedule. Modifies teaching curriculum or service program's activities and goals to conform to client's needs and abilities, consulting superiors when necessary. (15%)

5. Instructs client: Identifies and uses mutual interests, attitudes, and experiences to persuade client to recognize the desirability and feasibility of self-improvement program. Encourages and assists client to perform routine household maintenance tasks, such as dusting, mopping, sweeping, laundering, ironing, and culling and straightening possessions, in order to illustrate efficient methods of housekeeping. Advises client concerning specifications and importance of proper nutrition and demonstrates fundamentals of food preparation, using recipes, utensils, and appliances available in the home. Shows client how to make minor repairs, such as changing fuses and fixing electrical cords. Explains insect and rodent control measures and their importance to the client's health. Demonstrates and explains household bookkeeping and budgeting procedures and accompa[illegible]lient on shopping excursions to provide instruction in money management. Teaches basic child-rearing and maintenance techniques, such as toilet training, first aid, and formula preparation. Counsels client to practice good hygiene. Praises client's attempts at effecting positive change to reinforce behavior. (30%)

6. Performs homemaking tasks: Straightens household items and cleans home of incapacitated client or motherless family, using equipment available, such as mops, brooms, vacuum cleaners, cleansers, and dustcloths to maintain orderly environment. Launders and mends clothing and linens by hand or machine and irons apparel. Plans and prepares meals, including special diets when required, using recipes and provisions and appliances available. Bathes, dresses, feeds, and protects infants and small children on a short-term

15. Description of Tasks (continued)

basis to preserve the family unit in the absence of parents, usually owing to illness or medically-related business. Maintains discipline and provides emotional comfort and entertainment to the young and the elderly. Plans budget, shops for groceries and other items, and records expenditures to sustain the incapacitated and the young within their means. Innovates when necessary, by making substitutions in recipes and finding new uses for household items to compensate for inadequate possessions and provisions. (20%)

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18. Analyst Mary Witt Date 6/73 Editor E. Marquardt Date 7/73

Reviewed By ______ Title, Org. ______

National Office Reviewer ______

APPENDIX E

DOT DEFINITION

CODE 195.158

DOT TITLE

WTA GROUP See #17 General Comments

1. DOT TITLE AND CODE: 195.158

2. PLANT TITLE: Parent-Worker 3. Parent-Health Worker

4.

5. **JOB DEFINITION:** Analyzes problems and coordinates procurement of services to aid low-income children and parents in day-care programs in solution of medical, social, and economic problems: Interviews residents and parents in community to determine eligibility for day-care assistance and enrollment in day-care program. Coordinates parent involvement with activities of day-care program. Arranges parent meetings and social activities to encourage participation in education of child. Performs simple medical tests, such as eye and ear test, to determine health problems of child. Discusses service or agency needed for treatment with professionals. Contacts agency selected to make appointment. Conducts a follow-up on appointments and referrals. Counsels parents concerning solutions to problems of social, economic, or psychological nature by referring client to agencies or community resources for additional aid. Performs emergency services such as providing immediate medical or counseling assistance. Compiles records. Occasionally performs duties of Teacher-Aide.

542-0078-1535-5
Estab. & Sched. No.

6. RATINGS

GED	1	2	3	4	(5)	6					
SVP	1	2	3	4	5	6	(7)	8	9	See #17 General Comments	
Aptitudes	G	V	N	S	P	Q	K	F	M	E	C
	2	2	3	4	4	3	4	4	4	4	4
Temperaments	(D)	F	I	(J)	M	(P)	R	(S)	T	V	
Interests	1a	(1b)	2a	2b	3a	(3b)	(4a)	4b	5a	5b	
Phys. Demands	S	L	(M)	H	V	2	3	(4)	(5)	6	
Environ. Cond.	(I)	O	B	2	3	4	5	(6)	7		

WORKER FUNCTIONS:

D	P	T
1	5	8

WORK FIELD (S) 271-Investigating 282-Information-Giving; 294-Healing-Caring (See #17 General Comments)

M.P.S.M.S.: 951-Social Welfare Services; 906-Child and Adult Care

* * * * *

15. Description of Tasks

1. Recruits parents and acts as service liaison between parents, day-care center, and community agencies: Visits residents of community to locate low-income families with preschool children. Visits families and talks to parents to provide information concerning day-care program. Discusses eligibility requirements, financial assistance services, and benefits of program. Encourages interested parents to apply and to participate in educational and social activities of program to foster a sense of active involvement and provide continuity from home environment to classroom for child. Assists parents in filling out application forms. Arranges for parents to visit center and to work as volunteers. Coordinates times and place of parental visits and of volunteer work with activities of classroom and requests of teacher to insure convenient time and to promote attendance and discussion of important issues. Attends community meetings to receive information concerning services and policies from umbrella agency or government agencies. Supplies agencies with opinion and information concerning effectiveness of services. Relays information to parents to assist in policy decisions. Arranges social activities for parents to promote good working relations and community feeling. (35%)

2. Advises and aids parents concerning community services: Consults with teacher to determine past history of health and medical problems of children. Conducts basic medical exam, such as eye and ear test, height and weight check, to determine physical disease, mental problems, and type of service needed. Talks with parents to convince them of importance of medical help to correct or prevent problems. Selects agency or service to contact for specific problems. Refers parent and child to appropriate agency or services, such as speech and hearing clinics, dental clinics, psychiatric clinics. Arranges appointments for tests or treatment to coincide with parents' and child's schedules. Drives children to agency to keep appointment. Interviews client at home or over phone to obtain all information concerning economic, emotional, or family problems, such as unemployment, alcoholism, drug addiction, and school problems, to determine solutions. Provides counseling to alleviate client's immediate distress. Suggests measures of help or alternative actions to stabilize crisis situations. Refers, instructs, and conducts follow-up of client regarding service agency or community resource and method of obtaining it, using knowledge of social services and resources in area. Negotiates settlement of problem between parent, school, and child. Arranges to be available at all times to provide assistance, such as child care, transportation, medical treatment, food, clothing, in emergencies such as sudden illness or family quarrels. (40%)

3. Compiles records: Receives and files new applications. Reviews applicant records and determines applicant eligibility for program to obtain funds through purchase of care or direct payment. Reviews medical records, health charts, and attendance records of home visits. Records financial and referral data, such as center expenditures, and who was referred, when, where, and for what reason, to develop records of program activities. Collects and updates monthly declarations from parents. Records type of service rendered and time expended, to maintain contracts with service agencies providing specialized services at center, such as psychological testing and observations. (25%)

APPENDIX F

DOT DEFINITION

DOT TITLE ____ CODE 092.228
WTA GROUP Kindergarten, Elementary School and Related Education, p. 343
(see #17 General Comments)

1. DOT TITLE AND CODE: 092.228

2. PLANT TITLE: Teacher-Aide 3.

4.

5. JOB DEFINITION: Assists teacher in caring for and instructing preschool children by performing similar teaching tasks: Assists in development and selection of goals for program. Assists in planning, preparation, presentation of educational activities to teach children basic concepts and skills, such as colors, numbers, counting, alphabet. Supervises and leads children in games, projects, and activities to promote cooperative social behavior and develop motor control and practical life skills, such as buttoning, shoe lacing. Introduces children to variety of experiences by story telling, field visits, dramatic play, singing, dancing and rhythmic activities, and creative art projects. Instructs children in personal hygiene and self-care. Keeps records. Observes children to aid in evaluation of development. Assists with clean-up activities.

542-0078-1535-3
Estab. & Sched. No.

6. RATINGS

GED	1	2	3	(4)	5	6						
SVP	1	2	3	4	(5)	6	7	8	9	See #17 General Comments		
Aptitudes	G	V	N	S	P	Q	K	F	M	E	C	
	3	3	4	3	3	4	3	3	3	4	4	
Temperaments	D	F	I	(J)	M	(P)	R	S	T	(V)		
Interests	1a	(1b)	2a	2b	3a	(3b)	(4a)	4b	5a	5b		
Phys. Demands	S	L	(M)	H	V	2	(3)	(4)	(5)	6		
Environ. Cond.	(I)	O	B	2	3	4	5	(6)	7			

WORKER FUNCTIONS:

(D)	(P)	(T)
2	2	4

WORK FIELD (S) 296-Teaching; 294-Healing-Caring See #17 General Comments

M.P.S.M.S.: 906-Child and Adult Care; 941-Educational Services

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15. Description of Tasks

1. Cares for children: Greets child daily with smile and touch to make child feel comfortable and minimize anxiety created by parents' leaving. Assists child in dressing, toileting, and table manners to promote cleanliness, self-care, and motor development. Demonstrates use of food utensils for eating. Encourages child to taste all foods to promote food enjoyment and balanced nutritional habits. Hugs child to promote feelings of security and love. Caresses and holds child to comfort when injured or upset. Lays out cots or mats for nap. Lays children to rest for nap. Oversees group and individual activities to encourage peer interaction, cooperative behavior, and prevent injury. Disciplines child to control negative behavior. Asks children to clean up and put away toys and equipment to teach independence and consideration for others. Observes child for signs of illness and special problems. Writes observations and comments in daily log to prepare documentation for oral report to teacher. Records attendance. (25%)

2. Instructs children: Sets classroom goals and plans curriculum with teacher using understanding of child development principles. Presents suggestions to assist in lesson plan and project preparation. Observes teacher's interaction with children to learn teaching methods and application of theory to practice. Assists teacher in supervision of children on field trips and in activities such as finger painting, cutting, pasting, and molding clay to introduce new skills and materials, develop motor control, and increase attention span and concentration levels. Sets out materials for projects. Prepares example to demonstrate method to children. Supervises free play to encourage independent choice of activity. Demonstrates how to manipulate equipment and games designed to teach children color, shape, size, and texture identification and classification; practical life skills such as zippering and shoe lacing; and development of eye-hand coordination. Monitors child's practice to correct mistakes as directed by teacher. Participates in make-believe games to encourage child to test out real-life situations and adult roles. Plays records and leads children in singing, clapping, and playing instruments to introduce concepts of rhythm and new sounds and to foster motor development. Reads stories to promote language development and foster interest in reading and learning. Makes up and dramatizes stories, using facial expressions and hand gestures to encourage child's use of imagination. Addresses child by name and converses with him to promote positive self-image, encourage communication in sentences, and teach meaning of words and directions. Praises child to reinforce accomplishments and to encourage efforts toward harder activities. (60%)

3. Maintains physical classroom environment: Cleans up classrooms and repairs furniture, toys, and equipment as requested by teacher. Waters plants and feeds animals. Plans theme and design of bulletin board and wall decorations. Draws, cuts, pastes and staples figures and objects to arrange on board and walls. Tapes children's work to walls to foster feeling of importance and individuality. Assists teacher in arrangement of furniture and equipment to prevent injury and maximize activities. (15%)

DOT TITLE ____ CODE 092.228

WTA GROUP Kindergarten, Elementary School and Related Education p. 343

APPENDIX G

DOT DEFINITION

1. DOT TITLE AND CODE: 092.228

2. PLANT TITLE: Teacher, Nursery School 3. ____

4. ____

5. JOB DEFINITION: Plans and conducts instructional program in traditional nursery school to promote child's social, emotional, and intellectual growth and prepare child for public school: Observes and records each child's developmental level. Plans activities geared to level of child to promote development, utilizing professional knowledges. Directs children in group projects and craft activities, such as finger painting, cutting, pasting, and molding clay, to introduce new skills and materials, develop motor control, and increase attention span and concentration levels. Demonstrates manipulation of equipment, games, and toys designed to teach practical life skills, such as buttoning and zippering; color, shape, size, and texture recognition; and development of eye-hand coordination. Creates games and activities to foster development of child's verbal and cooperative skills. Encourages children to participate in clean-up, food serving, and toileting activities to promote cleanliness, self-care, and consideration for others. Comforts, counsels, and disciplines children to foster cooperative social behavior and healthy emotional growth. Prepares and sets out materials required for activities. Supervises and instructs aides concerning duties, methods, and program objectives. Confers with parents to advise them of child's progress.

542-0006-1165-1
Estab. & Sched. No.

6. RATINGS

GED 1 2 3 4 [✓ 5] 6
SVP 1 2 3 4 5 [✓ 6] 7 8 9

Aptitudes	G	V	N	S	P	Q	K	F	M	E	C
	2	2	3	3	3	3	3	3	3	4	4

Temperaments [✓ D] F I [✓ J] M [✓ P] R S T [✓ V]
Interests 1a [✓ 1b] 2a 2b 3a 3b 4a 4b [✓ 5a] 5b
Phys. Demands S L [✓ M] H V 2 [✓ 3] [✓ 4] [✓ 5] 6
Environ. Cond. [✓ I] O B 2 3 4 5 6 7

WORKER FUNCTIONS:

[✓ D]	[✓ P]	T
2	2	4

WORK FIELD (S) 296-Teaching

M.P.S.M.S.: 941-Educational Services

* * * * *

15. Description of Tasks

1. Plans classroom activities: Observes and records each child's development level, utilizing professional knowledge of child development in areas of coordination, self control social interaction, and intellectual development. Plans activities geared to level of child to promote development and teach specific skills, utilizing professional knowledge from courses, journals, and in-service training. Participates in staff meetings to discuss problems and methods of child education. Schedules time and place of activities such as lessons and play to provide routine, easy transition from one activity to another and a minimum of overstimulation and boredom. Composes and writes daily lesson plan to teach specific concept or skill. Compiles and writes periodic report on each child, including development of physical skills, social attitudes, and any unusual problems or situations encountered. (25%)

2. Prepares materials and arranges classroom: Orders supplies necessary to carry out lesson plans. Suggests purchase of additional equipment and justifies suggestion on basis of developmental program. Prepares materials for projects with assistance of aides. Cuts and curls paper. Mixes and colors putty, play dough, finger paint, and similar materials. Gathers materials necessary for project and distributes them for use among children. Arranges classroom furniture and equipment to facilitate safe mobility of children and easy access to equipment. (10%)

3. Cares for children: Establishes and maintains daily routine of greeting, dressing, eating, playing, and working to provide children with sense of security and stability. Assists children with dressing, toileting, and table manners to teach cleanliness and self-care. Praises and hugs child to promote feelings of security and love. Caresses and holds child to comfort when injured or upset. Administers first aid for minor cuts and abrasions. Contacts doctor or drives to hospital for emergency cases. Oversees group play and individual activities to encourage peer interaction, cooperative behavior, and prevention of injury. Disciplines children in consistent manner to control negative behavior and instill sense of justice and fair play. (15%)

4. Instructs children: Asks children to clean up and put away toys and equipment to teach independence and consideration for others. Serves food to and eats with children to teach correct table manners and promote good eating habits and food enjoyment. Creates games to involve children in exercises that teach skills such as recognition of numbers and alphabet; counting; identification, classification, and seriation of colors, shapes, and textures; spatial and temporal relations. Designs exercises that promote drill while maintaining interest of child. Directs children in group projects and craft activities, such as finger painting, cutting, pasting, and molding clay, to introduce new skills and materials, develop motor control, and increase attention span and concentration levels. Supervises free play to encourage independent choice of activity by child. Demonstrates manipulation of equipment, games, and toys designed to teach practical life skills, such as buttoning and zippering; color, shape, size, and texture recognition; and development of eye-hand coordination. Monitors child's practice to correct mistakes. Participates in make-believe games to encourage child to test out real-life situations and adult roles. Plays records or musical instruments and leads children in songs to introduce concepts of rhythm and new sounds and to foster motor development. Reads stories to promote language development and foster interest in reading and learning. Dramatizes stories and songs using facial expressions and hand gestures to encourage child's use of imagination. Addresses child by name and converses with child to promote positive self-image and encourage communication in sentences and to teach meaning of words and directions. Praises child to reinforce accomplishments and to encourage efforts toward harder activities. (40%)

5. Supervises student teachers: Explains plans and objectives to student teachers. Instructs student teacher on teaching methods and discusses individual children and problems. Describes activities for which student teacher is responsible and suggests

15. Description of Tasks (continued)

individual attention to children with difficulties. Instructs student teacher to perform specific tasks throughout day. (5%)

6. Consults with parents: Explains goals and shows children's work to parents to involve them in school program. Discusses child's behavior with parents periodically to describe child's progress. Confers with parents concerning specific problems to enlist cooperation in removing or correcting disruptive home situation and to minimize sources of conflict between home and school. (5%)

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16. Definition of Terms

1. Classification: The ability to recognize similarities and differences among objects and to be able to group them accordingly.
2. Free play: A period of time when children are permitted to choose an activity on their own, thus encouraging natural curiosity and independent action.
3. Seriation: The ability to arrange objects in an order by size, quality, or quantity.
4. Spatial relations: Awareness of body and concepts of position (in/out); direction (to/from); and distance (near/far).
5. Temporal relations: The understanding of time sequence, such as beginning and end or before and after.

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18. Analyst P. Naherny Date 9/73 Editor I. Gagainis Date 9/73

Reviewed By__________ Title, Org.__________

National Office Reviewer__________

APPENDIX H

DOT DEFINITION

1. DOT TITLE AND CODE: 092.208

2. PLANT TITLE: Teacher, Child Development Center

3. ______ 4. ______

5. JOB DEFINITION: Consults specialists in other disciplines, plans curriculum, and provides in-depth and individually tailored instruction to preschool children to maximize physical, social, emotional, and intellectual development. Observes and records each child's developmental level. Plans lessons and activities according to level of development to teach specific skills, utilizing professional knowledges and consultation with medical and social service professionals. Teaches verbal and qualitative skills and concepts and cognitive skills such as classification and seriation. Demonstrates activities such as cutting, pasting, zippering, and shoe lacing designed to promote motor development and eye-hand coordination. Encourages children to participate in clean-up, food serving, and toileting activities to promote cleanliness, self-care, and consideration for others. Comforts, counsels, and disciplines children to foster cooperative social behavior and healthy emotional growth. Prepares and sets out materials required for activities and games. Instructs aides on duties, methods, and program objectives. Confers with parents to advise them of child's progress and to enlist their cooperation.

6. RATINGS

GED 1 2 3 4 (5) 6
SVP 1 2 3 4 5 (6) 7 8 9

Aptitudes	G	V	N	S	P	Q	K	F	M	E	C
	2	2	3	3	3	3	3	3	3	4	4

Temperaments (D) F I (J) M (P) R S T (V)
Interests 1a (1b) 2a 2b 3a (3b) (4a) 4b 5a 5b
Phys. Demands S L (M) H V 2 (3) (4) (5) 6
Environ. Cond. (I) O B 2 3 4 5 (6) 7

WORKER FUNCTIONS:

(D)	(P)	T
2	0	4

WORK FIELD (S) 296-Teaching 294-Healing-Caring

M.P.S.M.S.: 941-Educational Services; 904-Child and Adult Care

DOT TITLE ______ CODE 092.208

WTA GROUP Kindergarten, Elementary School and Related Education, p. 343

542-0300-1154-2
Estab. & Sched. No.

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15. Description of Tasks

1. Consults specialists in other disciplines and plans curriculum: Observes and records each child's developmental level, utilizing professional knowledge of child development in areas of health, physical growth, coordination, self-control, social interaction, and intellectual development. Plans activities geared to level of child to promote development and teach specific skills, utilizing professional knowledge from courses, journals, and in-service training. Participates in staff meetings to discuss problems and methods of child education. Consults caseworkers to obtain background information on child's family to use when problems develop and psychologist to obtain suggestions for dealing with disturbed, withdrawn, or disruptive children. Confers with public school teacher concerning child enrolled in Center's before/after school day-care program to determine child's progress and difficulties. Discusses child's physical problem with pediatrician to plan way to minimize problem's disruptive effect on routine. Modifies daily routine to accommodate needs of children with problems according to professional advice, classroom needs, and knowledges of child development in order to insure child's success in classroom. Schedules time and place of activities such as lessons and play to provide routine, easy transition from one activity to another and a minimum of overstimulation and boredom. Composes and writes daily lesson plan to teach specific concept or skill. Compiles and writes progress report on each child, including development of physical skills, social attitudes, eating habits, intellectual growth, and any unusual problems or situations encountered. (35%)

2. Prepares materials and arranges classroom: Orders supplies necessary to carry out lesson plans. Suggests purchase of additional equipment and justifies suggestion on basis of developmental program. Prepares materials for projects with assistance of aides. Cuts and curls paper. Mixes and colors putty, play dough, finger paint, and similar materials. Gathers materials necessary for project and distributes them for use among children. Arranges classroom furniture and equipment to facilitate safe mobility of children and easy access to equipment. (5%)

3. Cares for children: Establishes and maintains daily routine of greeting, dressing, eating, napping, playing, and working to provide children with sense of security and stability. Assists children with dressing, toileting, and table manners to teach cleanliness and self-care. Praises and hugs child to promote feelings of security and love. Caresses and holds child to comfort when injured or upset. Administers first aid for minor cuts and abrasions. Contacts doctor or drivers to hospital for emergency cases. Oversees group play and individual activities to encourage peer interaction, cooperative behavior, and prevention of injury. Disciplines children in consistent manner to control negative behavior and instill sense of justice and fair play. (15%)

4. Instructs children: Asks children to clean up and put away toys and equipment to teach independence and consideration for others. Serves food to and eats with children to teach correct table manners and promote good eating habits and food enjoyment. Creates games to involve children in exercises that teach skills such as recognition of numbers and alphabet; counting; identification, classification, and seriation of colors, shapes, and textures; spatial and temporal relations. Designs exercises that promote drill while maintaining interest of child. Directs children in group projects and craft activities, such as finger painting, cutting, pasting, and molding clay, to introduce new skills and materials, develop motor control, and increase attention span and concentration levels. Supervises free play to encourage independent choice of activity by child. Demonstrates manipulation of equipment, games, and toys designed to teach practical life skills, such as buttoning and zippering; color, shape, size, and texture recognition; and development of eye-hand coordination. Monitors child's practice to correct mistakes. Participates in make-believe games to encourage child to test out real-life situations and adult roles. Plays records or musical instruments and leads children in songs to introduce concepts of rhythm and new sounds and to foster motor development. Reads stories to promote language development and foster interest in reading and learning.

15. Description of Tasks (continued)

Makes up and dramatizes stories, using facial expressions and hand gestures, to encourage child's use of imagination. Addresses child by name and converses with him to promote positive self-image and encourage communication in sentences and to teach meaning of words and directions. Praises child to reinforce accomplishments and to encourage efforts toward harder activities. (35%)

5. Supervises workers: Explains plans and objectives to Assistant. Instructs Assistant on teaching methods and discusses individual children and problems. Describes activities for which Assistant is responsible and suggests individual attention to children with difficulties. Instructs Assistant to perform specific tasks throughout day. Supervises student teachers, assigns tasks, and explains rationale for specific activity. (5%)

6. Consults with parents: Explains goals and shows children's work to parents to involve them in school program. Discusses child's behavior with parents periodically to describe child's progress. Confers with parents concerning specific problems to enlist cooperation in removing or correcting disruptive home situation and to minimize sources of conflict between home and school. (5%)

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16. Definition of Terms

1. Classification: The ability to recognize similarities and differences among objects and to be able to group them accordingly.
2. Free play: A period of time when children are permitted to choose an activity on their own, thus encouraging natural curiosity and independent action.
3. Seriation: The ability to arrange objects in an order by size, quality or quantity.
4. Spatial relations: Awareness of body and concepts of position (in/out); direction (to/from); and distance (near/far).
5. Temporal relations: The understanding of time sequence, such as beginning and end or before and after.

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18. Analyst P. Naherny Date 6/73 Editor I. Gagainis Date 9/73

Reviewed By ______________ Title, Org. ______________

National Office Reviewer ______________

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